

CERTIFICATION OF WORK

(To be completed by the Contractor and saved in the Contractor's CMMS)

FACID/Building: DE001

Date of Visit: 8/25/20

Contractor Personnel on Site:

1. S-S McL.
2. Josh Stephenson
3. _____

4. _____
5. _____
6. _____

Service Calls – Service Call Number and Description

1. Remove old 3/4 gate valve + Backflow
2. Install new 3/4 valve + Backflow
3. Test for leaks then test Backflow

WO# 12039 CSS# 24638

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Josh Stephenson Date: 8-25-20

Signed: JS

To be signed by Facility Manager:

By signing the Certification of Work, the said government representative signature does not constitute acceptance of any work performed by the contractor, it only acknowledges that the contractor was on-site during the identified timeline:

Print Name/Rank: SFC Jose J. Mojice Date: 08/25/2020

Signed: JM

E-Mail: jose.j.mojice.mil@mail.mil