

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. <u>S.S. Mck.</u> | 4. _____ |
| 2. <u>Josh Stephenson</u> | 5. _____ |
| 3. _____ | 6. _____ |

Service Calls – Service Call Number and Description

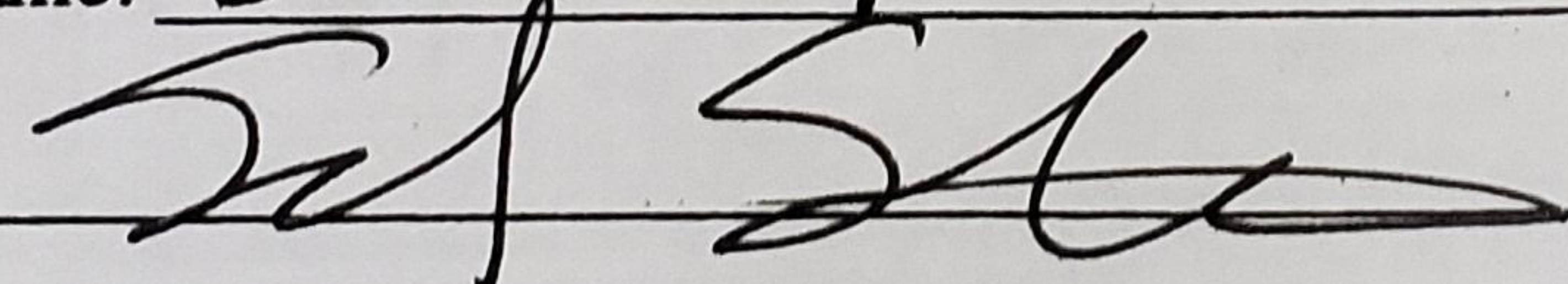
1. Remove old 3/4 gate valve + Backflow
2. Install new 3/4 valve + Backflow
3. Test for leaks then test Backflow

WO# 12039 CSS# 24638

CERTIFICATION OF WORK

To be signed by the Contractor:

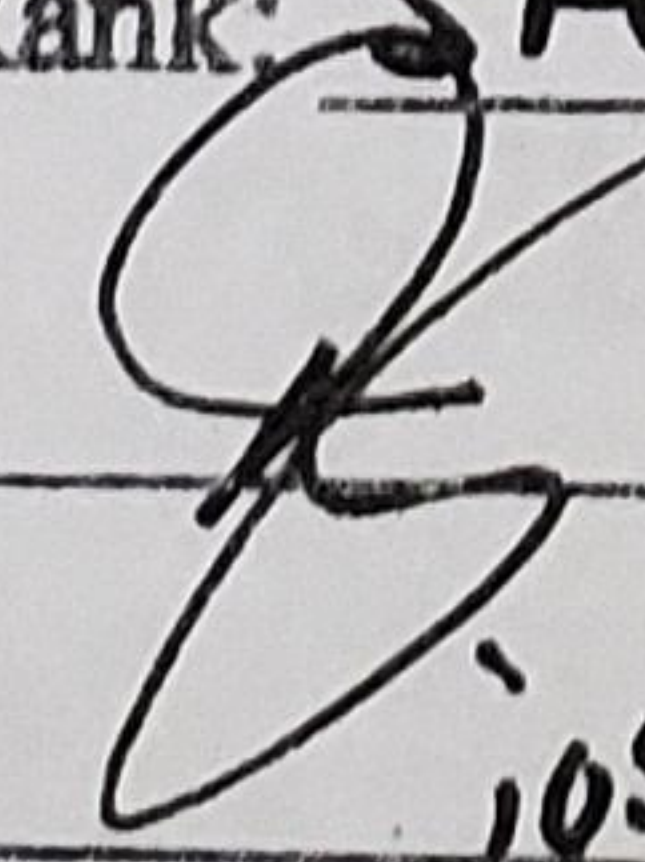
Print Name: Josh Stephenson Date: 8-25-20

Signed: 

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. Mojica Date: 08/25/2020

Signed: 

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