

CERTIFICATION OF WORK

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

FACID/Building: MD002

Date of Visit: JUNE 26, 2020

Contractor Personnel on Site:

- | | |
|-----------------|----------|
| 1. <u>CHRIS</u> | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Service Calls – Service Call Number and Description

- | |
|---|
| 1. <u>URINAL IN BLDG 002 CONSTANT CLOGS/OVERFLOWS</u> |
| 2. _____ |
| 3. _____ |

WO# 12450 CSS# 25531

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: CHRIS TROTTER

Date: 6/26/20

Signed: [Signature]

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: Brian Wharton / GS11 Date: 7.20.20

Signed: [Signature]

E-Mail: Brian.w.wharton.civ@gmail.com?



