

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

FACID/Building: DE 02 Date of Visit: 10/19/2020

Contractor Personnel on Site:

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

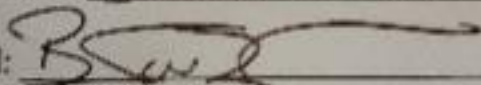
Service Calls – Service Call Number and Description

1. Air hoses need Replacers and Rehung
2. _____
3. _____

WO# 12746 CS# 25823
CERTIFICATION OF WORK

To be signed by the Contractor:

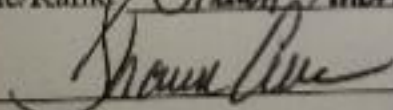
Print Name: BRIAN DAVIS Date: 10/19/2020

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: Shawn Allen Date: 10/19/2020

Signed: 

E-Mail: Shawn.T.Allen2.mil@mil.mil