

JOE MOORE

CERTIFICATION OF WORK

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

FACID/Building: MD 002

Date of Visit: 6/1/21

Contractor Personnel on Site:

1. Joe Moore

4. _____

2. _____

5. _____

3. _____

6. _____

Service Calls – Service Call Number and Description

1. w.o. 14172 , c.s.s 25887 , seal windows above roof

2. _____

3. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Joseph Moore

Date: 6/1/21

Signed: Joseph Moore

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: _____ Date: _____

Signed: _____

E-Mail: _____

**CERTIFICATION OF WORK
SERVICE CALL**

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

FACID/Building: MD002 B-1 Date of Visit: 06/14/21

Contractor Personnel on Site:

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

Service Call Number

CSS# 25887 WO# 14172


Description of Repairs

I replaced 14 ceiling tiles in rm 220

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Johnny W Brown Date: 06/14/21

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: 1st Lt. Brendan Hoofnagle Date: 06/14/21

Signed: 

E-Mail: _____





