

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

FACID/Building: M.D 0024 Date of Visit: 4-13-21

Contractor Personnel on Site:

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

Service Calls – Service Call Number and Description

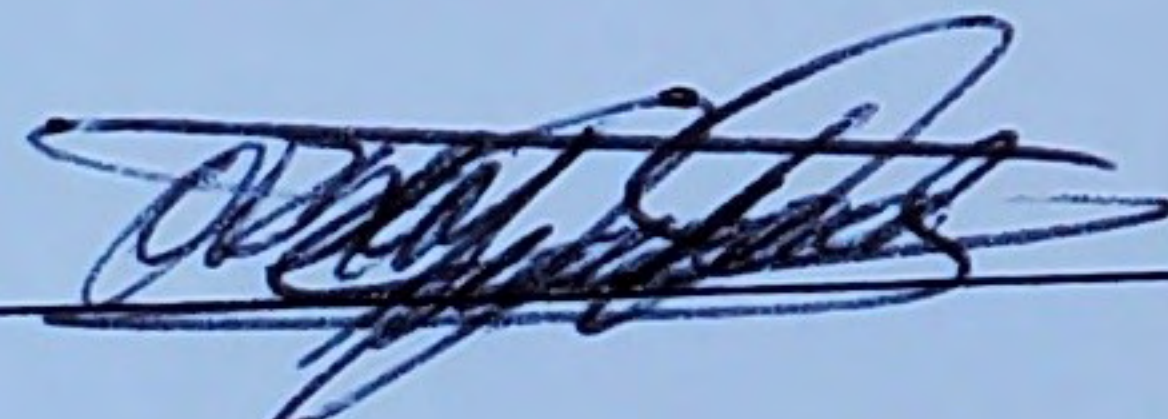
1. ¹³⁹⁷⁰~~W/O 26483~~ INSTALL NEW SEAL AROUND THE DOORS (FRAMES) @ BREAK ROOM
2. ^{W/O 13979} PREP AND PAINT TRANSFORMER (EXTERIOR RIDG 1003)
3. _____

WO # _____ CSS# _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: OSCAR MENDEZ Date: 4-13-21

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: WLT-10 Richard Gaytan Date: 2210413

Signed: 

E-Mail: richard.s.gaytan.civ@msil.mil





