CERTIFICATION OF WORK

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

FACID/Building: MD002 Date of Visit: 9/10/20

Contractor Personnel on Site:

1. Josh Stephenson
2. _____
3. _____
4. _____
5. _____
6. _____

Service Calls – Service Call Number and Description

1. check for gas leak with meter.
2. make sure did not build up over night. Secured
3. to be clear yesterday when leaving

WO# 12771 CSS# 26666

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Josh Stephenson *Date:* 9/10/20

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: Brian Wharton GS11 *Date:* 10 Sept 2020

Signed:

E-Mail: Brian.w.wharton.civ@mail.mil

SFC Cesar Torres

AIR MASTER VALVE