

CERTIFICATION OF WORK

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

FACID/Building: MD 002 Date of Visit: 4/30/21

Contractor Personnel on Site:

- | | |
|---------------------|----------|
| 1. <u>Joe Moore</u> | 4. _____ |
| 2. <u>Sam Kutz</u> | 5. _____ |
| 3. _____ | 6. _____ |

Service Calls – Service Call Number and Description

- | |
|--|
| 1. <u>W.O #12912 cover line set w/ metal</u> |
| 2. _____ |
| 3. _____ |

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Joseph Moore Date: 4/30/21Signed: Joseph L 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: _____



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