

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

FACID/Building: MO 002 Date of Visit: 11/5/20

Contractor Personnel on Site:

1. Joe Moore
2. Sam Kutz
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

**Service Calls – Service Call Number and Description**

1. 12914 replace motor
2. \_\_\_\_\_
3. \_\_\_\_\_

---

**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Joseph Moore Date: 11/5/20  
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: \_\_\_\_\_

