

**CERTIFICATION OF WORK**

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

FACID/Building: M0019

Date of Visit: 11/20/20

W0012855

Contractor Personnel on Site:

1. Shaun S35

4. \_\_\_\_\_

2. Price S35

5. \_\_\_\_\_

3. \_\_\_\_\_

6. \_\_\_\_\_

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

1. Replaced Broken Glass on

2. Side Door

3. \_\_\_\_\_

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**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Shaun Palmer Date: 11/20/20

Signed: SP

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: SSG JEONG OH Date: 2020/11/20

Signed: Adrian

E-Mail: \_\_\_\_\_

