

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

FACID/Building: MDO19 Date of Visit: 11/20/20  
WO# 12855

Contractor Personnel on Site:

- |                     |          |
|---------------------|----------|
| 1. <u>Shawn SJS</u> | 4. _____ |
| 2. <u>Price SJS</u> | 5. _____ |
| 3. _____            | 6. _____ |

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

- |                                    |
|------------------------------------|
| 1. <u>Replaced Broken Glass on</u> |
| 2. <u>Side Door</u>                |
| 3. _____                           |

**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Shawn Price Date: 11/20/20

Signed: [Signature]

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 JONG OH Date: 2020/1/20

Signed: [Signature]

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

