

# CERTIFICATION OF WORK

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

FACID/Building: DE001

Date of Visit: 11/3

Contractor Personnel on Site:

1. Josh Stephenson
2. Joe Moore
3. \_\_\_\_\_

4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

## Service Calls – Service Call Number and Description

1. Replace Cir. Pump
2. \_\_\_\_\_
3. \_\_\_\_\_

WO# 12929 CSS# \_\_\_\_\_

## CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Josh Stephenson

Date: 11/3/20

Signed: JS

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: Jose J. Mojice, SPC

Date: NOV 3 2020

Signed: JM

E-Mail: jose.j.mojice.mil@mail.mil

