

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

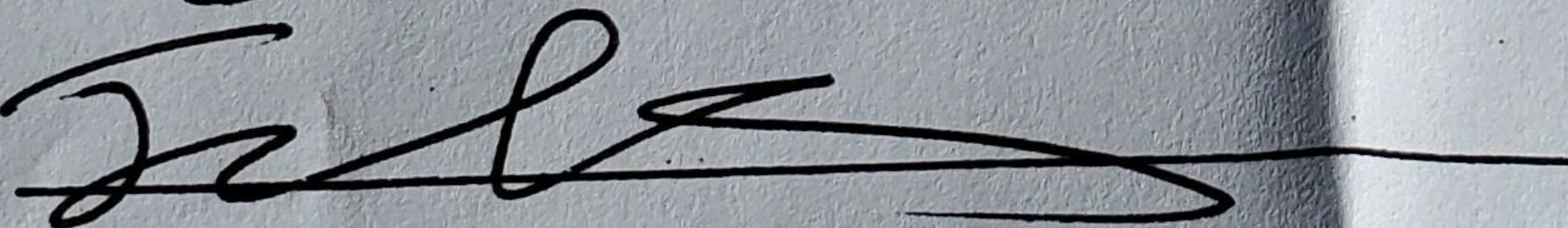
1. Replace Cir. Pump
2. _____
3. _____

WO# 12929 CSS# _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Josh Stephenson Date: 11/3/20

Signed: 

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. Mojica, SPC Date: NOV 3 2020

Signed: 

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

