CERTIFICATION OF WORK

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

FACID/Building: DE007 Date of Visit: 12/9/2020

Contractor Personnel on Site:

1. Jeremy Sneathen
2. _____
3. _____
4. _____
5. _____
6. _____

Service Calls – Service Call Number and Description

1. 12908 lights out in parking lot/walkway
2. Need to return w/ ladder to replace bulb for
3. walkway light

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jeremy Sneathen Date: 12/9/2020

Signed: _____

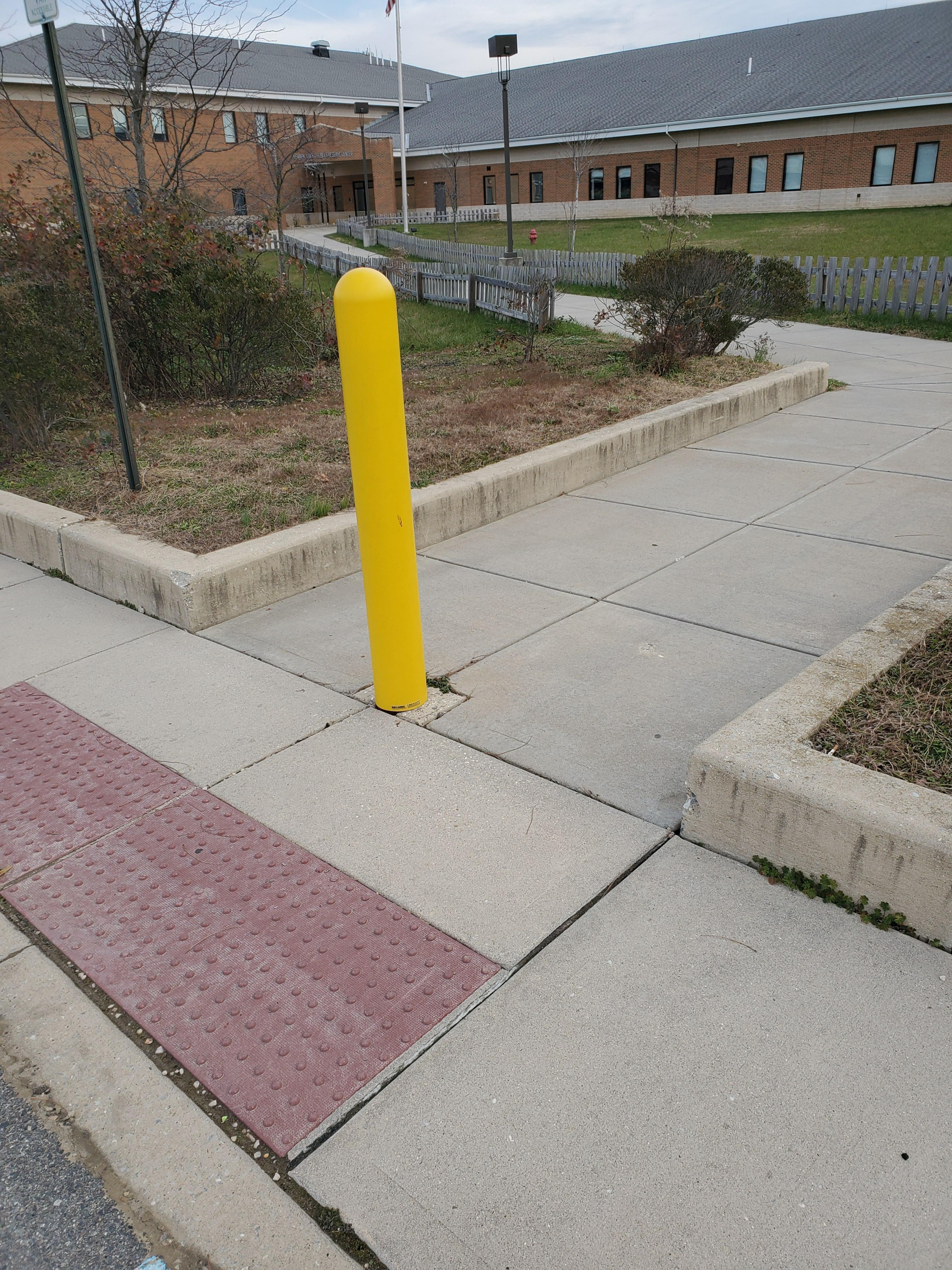
To be signed by Facility Manager:

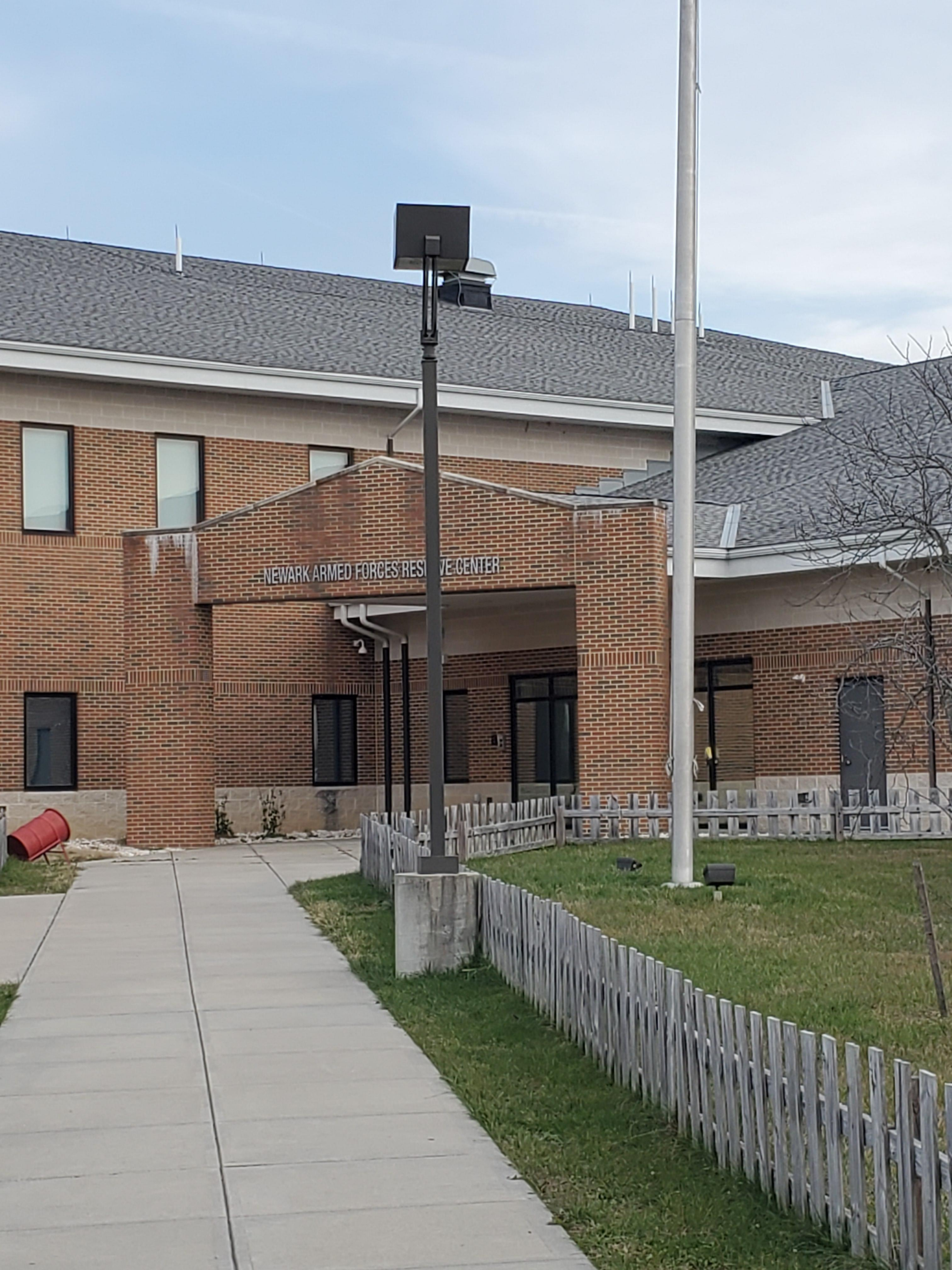
By signing the Certification of Work, the said government representative signature does not constitute acceptance of any work performed by the contractor, it only acknowledges that the contractor was on-site during the identified timeline:

Print Name/Rank: Danielle Barnett Date: 9 Dec 20

Signed: _____

E-Mail: _____




NEWARK ARMED FORCES RES VE CENTER