

JOE MOORE

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

FACID/Building: DE 002 Date of Visit: 12/9/20

Contractor Personnel on Site:

1. Joe Moore
2. _____
3. _____
4. _____
5. _____
6. _____

Service Calls – Service Call Number and Description

1. W.W 13310 CSS 27906 garage door repair
2. _____
3. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Joseph Moore Date: 12/9/20
Signed: Joseph S Moore

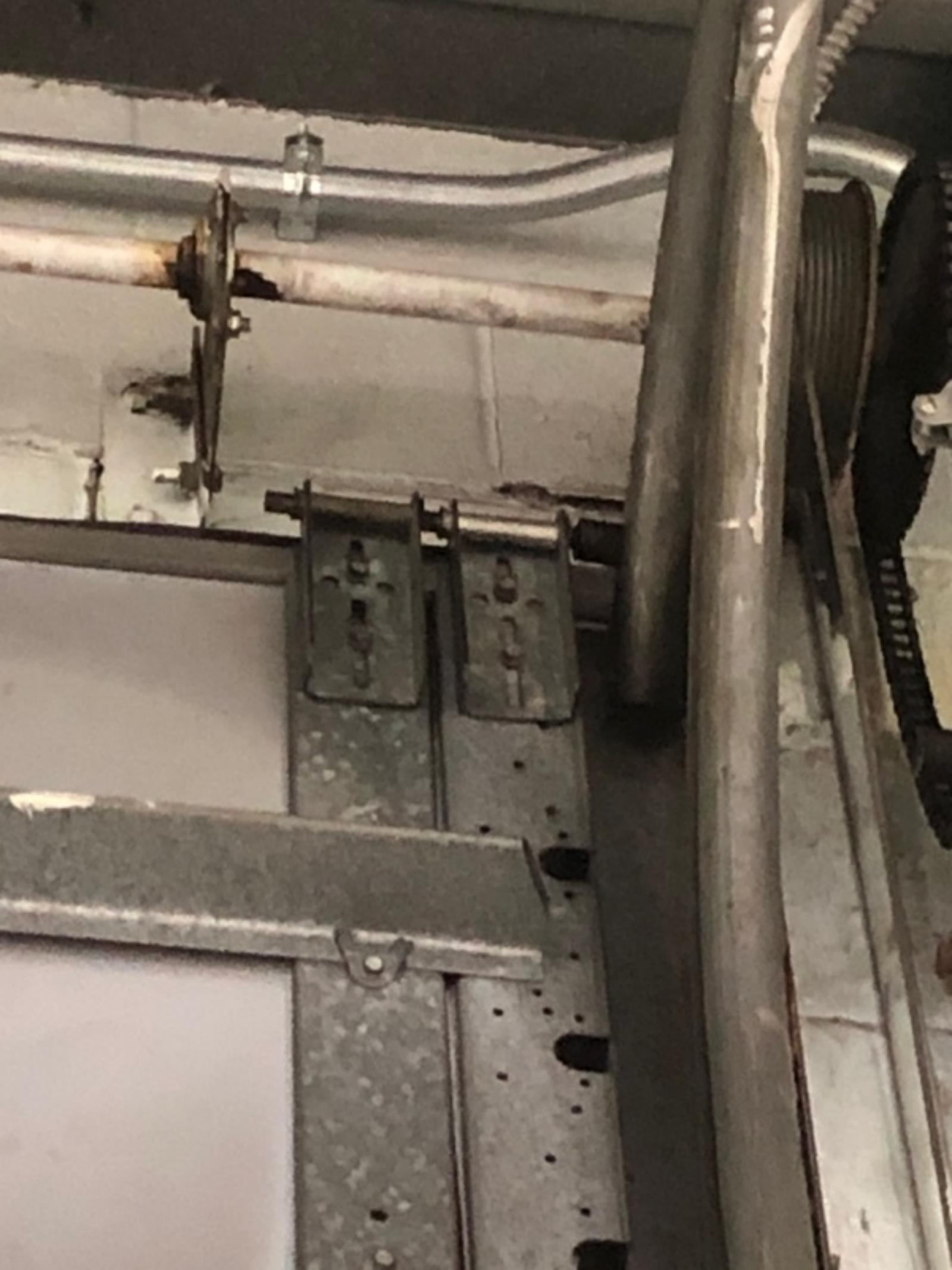
To be signed by Facility Manager:

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: Shawn Allen Date: 9 Dec 2020
Signed: Shawn Allen

E-Mail: _____







CAUTION - SENSING
DEVICE MUST BE CONNECTED.
SEE INSTALLATION INSTRUCTIONS.

