

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. <u>Joe Moore</u> | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Service Calls – Service Call Number and Description

- | |
|--|
| 1. <u>W.O 13310 c/s 27906 garage door repair</u> |
| 2. _____ |
| 3. _____ |

CERTIFICATION OF WORK

To be signed by the Contractor:

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

Signed: Joseph E 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.**

