

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

FACID/Building: DE 002 Date of Visit: 5/24/21

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. # 13961 CSS 27906 overhead door</u> |
| 2. _____                                       |
| 3. _____                                       |

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**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Joseph Moore Date: 5/24/21

Signed: Joseph 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: Joseph Wolfe KG-08 Date: 5/24/21

Signed: Joseph Wolfe

E-Mail: Joseph.P.Wolfe.CN@mail.mil

