

CERTIFICATION OF WORK

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

FACID/Building: VA048 Date of Visit: 12-4-20

Contractor Personnel on Site:

- | | |
|-------------------------|----------|
| 1. <u>Keith Pearson</u> | 4. _____ |
| 2. <u>Chris DeVike</u> | 5. _____ |
| 3. _____ | 6. _____ |

Service Calls – Service Call Number and Description

- | | |
|---------------------|-------|
| 1. <u>CSS-27922</u> | _____ |
| 2. <u>40-133-13</u> | _____ |
| 3. <u>EST</u> | _____ |

Replaced reader at Gate with New Reader

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Keith Pearson Date: 12-4-20

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: _____ Date: _____

Signed: No one Available

E-Mail: _____



PLACE FINGER

ENTER

PLACE
CARD

NO
ENTRY

1

2

3

4

5

6

7

8

9

*

0

#

INSERT CARD