

CERTIFICATION OF WORK

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

FACID/Building: VA - 048 Date of Visit: 1-10-21

Contractor Personnel on Site:

1. Keith Pearson
2. Chris Denike
3. _____
4. _____
5. _____
6. _____

Service Calls – Service Call Number and Description

1. EST - 1716
2. CSS - 28365 AMSA GATE
3. WO - 13453

Diagnosed & Replaced defective loop Detector module

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Keith Pearson Date: 1-10-21

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: _____

