

### CERTIFICATION OF WORK

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

FACID/Building: MD024

Date of Visit: 1/20/21

Contractor Personnel on Site:

1. Shawn S?S
2. \_\_\_\_\_
3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

### Service Calls – Service Call Number and Description

1. Replaced Missing Siding
2. and soffit on Bldg 1003
3. \_\_\_\_\_

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### CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Shawn Palmer Date: 1/20/21

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: Martina Smith Date: 20210120

Signed: M. Smith

E-Mail: martina.smith.civ@rali.dit



949thUA/203rdUA



9491st UA/203rd UA