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

FACID/Building: MD0024 Date of Visit: 4-13-21

Contractor Personnel on Site:

1. OSCAR MENDEZ
2. _____
3. _____
4. _____
5. _____
6. _____

Service Calls – Service Call Number and Description

1. W/O ~~2647~~ 13970 ; INSTALL NEW SEAL AROUND THE DOORS (FRAMES) @ BREAK ROOM
2. W/O 13979 PREP AND PAINT TRANSFORMER (EXTERIOR BLDG 1003)
3. _____

WO # _____ CSS # _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: OSCAR MENDEZ Date: 4-13-21

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: WL-10 Richard Gaytan Date: 220413

Signed: _____

E-Mail: richard.s.gaytan.civ@mail.mil

CAUTION
MAXIMUM AMBIENT TEMPERATURE
45 C
MAXIMUM OIL TEMPERATURE
75 C
MUST USE VOLTESSO 35
OR EQUIVALENT

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