

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:

WO # 13615 + 13611

1. Shawn SSS

4. ~~SSS~~

2. _____

5. _____

3. _____

6. _____

Service Calls - Service Call Number and Description

1. Replaced missing Siding
2. and soffit on Bldg 1003
3. _____

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: Mark Smith

Date: 2020/20

Signed: [Signature]

E-Mail: mark.h.smith@va.mil

