

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

FACID/Building: DE 082 Date of Visit: 2/10/21

Contractor Personnel on Site:

1. <u>Joe Moore</u>	4. _____
2. _____	5. _____
3. _____	6. _____

Service Calls – Service Call Number and Description

1. <u>W.O. 13624 CSS 28745 air hose replacement</u>
2. _____
3. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Joseph Moore Date: 2/10/21
Signed: Joseph Moore

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: Shawn Allen Date: 2021 02 10
Signed: Shawn Allen 2021 02 10

E-Mail: _____



