

### 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 c/s 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: 2/21/21

Signed: Shawn Allen 2/21/21

E-Mail: \_\_\_\_\_





