

DOUG MOORE

CERTIFICATION OF WORK

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

FACID/Building: VA006

Date of Visit: 11/1/21

Contractor Personnel on Site:

1. Doug Moore

4. _____

2. _____

5. _____

3. _____

6. _____

Service Calls – Service Call Number and Description

1. - Trouble shoot 5 pole lights and

2. wall pack.

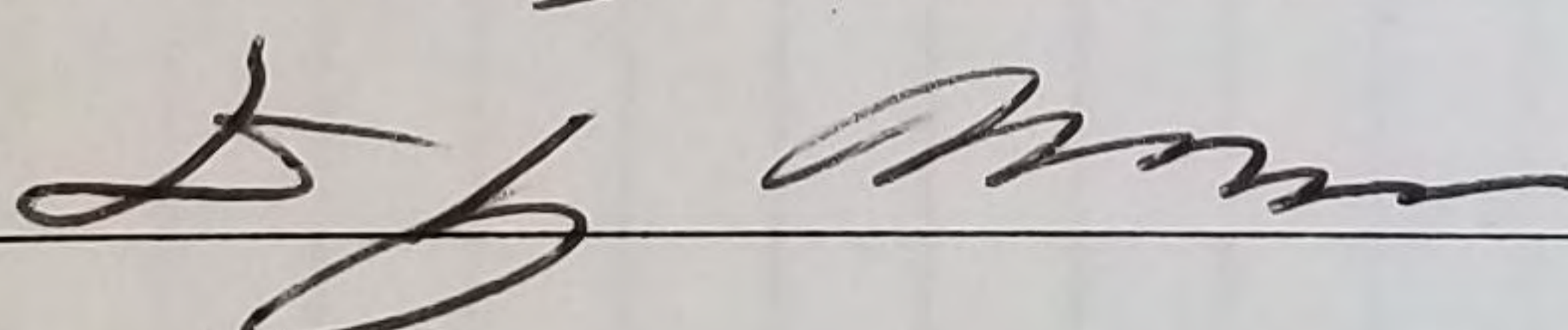
3. _____

WO # 14386 CSS# 28927

CERTIFICATION OF WORK

To be signed by the Contractor:

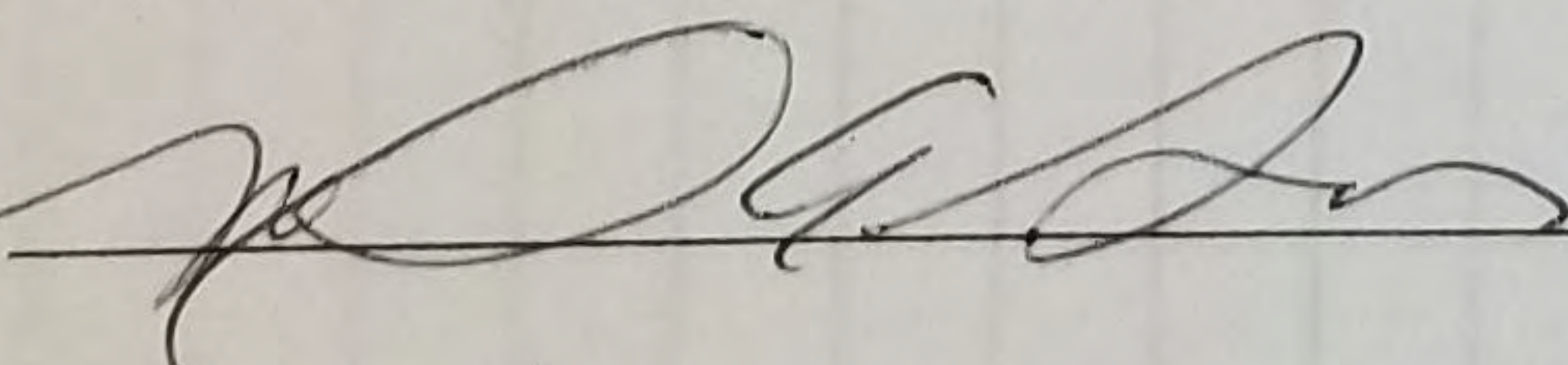
Print Name: Doug Moore Date: 11/1/21

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: CW4 Michael A. Geren Date: 11/1/21

Signed: 

E-Mail: michael.a.geren, mil@mail.mil

