

## CERTIFICATION OF WORK

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

FACID/Building: MD019

Date of Visit: 3/18/21

Contractor Personnel on Site:

1. Josh Stephens

4. \_\_\_\_\_

2. \_\_\_\_\_

5. \_\_\_\_\_

3. \_\_\_\_\_

6. \_\_\_\_\_

Service Calls – Service Call Number and Description

1. Cut in lines for Housing + Install
2. filters in housings.
3. \_\_\_\_\_

WO# 13827 CSS# 29037

## CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Josh Stephens

Date: 3/18/21

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: JASON GAVIN AFOS

Date: 3/18/2021

Signed: \_\_\_\_\_

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







