

CERTIFICATION OF WORK

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

FACID/Building: DE002 Date of Visit: 4/9/21

Contractor Personnel on Site:

1. Josh Stephens
2. _____
3. _____
4. _____
5. _____
6. _____

Service Calls – Service Call Number and Description

1. Replace leaking pipe and damage
2. ceiling tile
3. _____

WO# 13892 CSS# 29492

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Josh Stephens Date: 4/9/21

Signed: [Signature]

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: 4/9/21

Signed: [Signature]

E-Mail: _____





ROOM 125

GENERAL SERVICES ADMINISTRATION
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Mosler