

DOUG MOORE

CERTIFICATION OF WORK

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

FACID/Building: MD002

Date of Visit: 1/19/22

Contractor Personnel on Site:

- | | |
|-----------------------|----------|
| 1. <u>Doug Moore</u> | 4. _____ |
| 2. <u>Ron Crushin</u> | 5. _____ |
| 3. _____ | 6. _____ |

Service Calls – Service Call Number and Description

- | |
|--|
| 1. <u>repair/replace Ligals in Mens Bathroom</u> |
| 2. <u>Building 002 (13)</u> |
| 3. _____ |

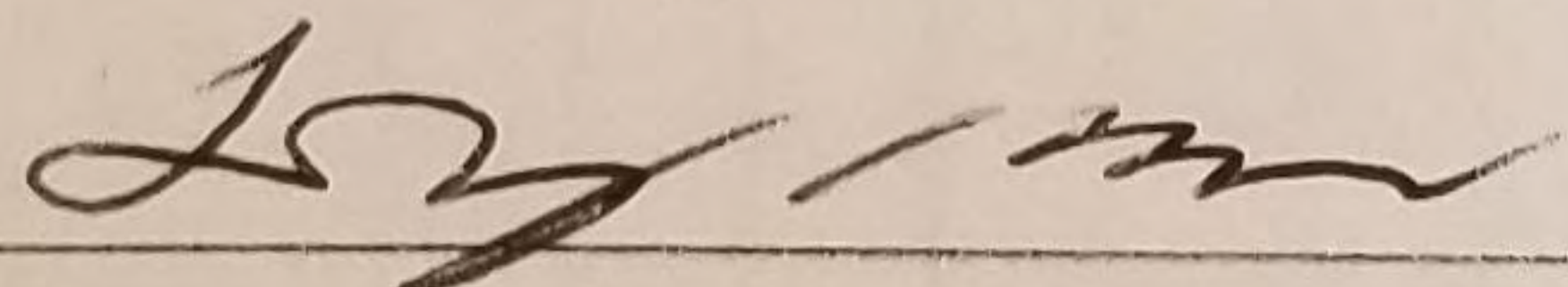
WO# 15390

CSST# 29644

CERTIFICATION OF WORK

To be signed by the Contractor:

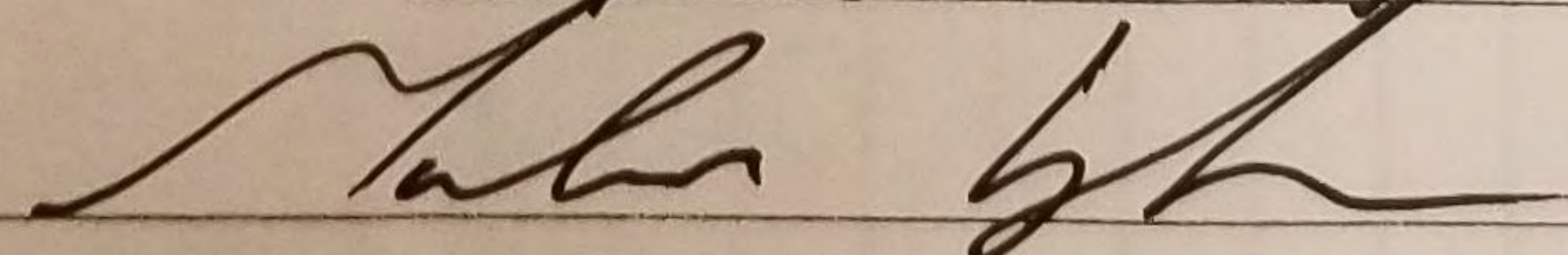
Print Name: Doug Moore Date: 1/19/22

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: Lynette Martin, R. CPT Date: 20220119

Signed: 

E-Mail: _____







