

CERTIFICATION OF WORK

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

FACID/Building: OE 002

Date of Visit: 5-24-21

Contractor Personnel on Site:

- | | |
|-----------------|----------|
| 1. <u>Bruce</u> | 4. _____ |
| 2. <u>Joe</u> | 5. _____ |
| 3. _____ | 6. _____ |

Service Calls – Service Call Number and Description

1. Fixing damaged sections of fence.
2. _____
3. _____

WO# 14142 CSS# 29824

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Bruce Oliver Date: 5-24-21

Signed: Bruce Oliver

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: Joseph Wolfe USMC Date: 5-24-21

Signed: Joseph Wolfe

E-Mail: Joseph.P.Wolfe, CIV@mail.mil





