

DOUG MOORE

Employee
Date
10/11
10/12

CERTIFICATION OF WORK

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

FACID/Building: DB007Date of Visit: 10/15/21

Contractor Personnel on Site:

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

Service Calls – Service Call Number and Description

- | |
|--|
| 1. <u>Main Entry way to Building (6)</u> |
| 2. <u>recessed Can Light replacement</u> |
| 3. _____ |

WD # 14541 CSS # 31502

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Doug Moore Date: 10/15/21

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: 10/15/21Signed: [Signature]

E-Mail: _____

FORCES RESERVE



