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

FACID/Building: DE007 Date of Visit: 7/14/21

Contractor Personnel on Site:

1. Doug Moore
2. _____
3. _____
4. _____
5. _____
6. _____

**Service Calls – Service Call Number and Description**

1. WO# 14545 CSS # 31520
2. - Wall pack exhaust Fan for kitchen not working
3. _____

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**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Doug Moore Date: 7/14/21

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: 7/14/21

Signed: _____

E-Mail: _____