

CERTIFICATION OF WORK

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

FACID/Building: Monteith VA048 Date of Visit: 7/10/2021

Contractor Personnel on Site:

- | | |
|----------------------------|----------------------|
| 1. <u>Nicholas LoRusso</u> | 4. <u>CSS# 31522</u> |
| 2. _____ | 5. <u>WO# 14547</u> |
| 3. _____ | 6. <u>Est # 1820</u> |

Service Calls – Service Call Number and Description

1. Disassembled & removed existing truck bracket and
2. ~~change~~ changed mounting set up for temporary
3. correction of mounting bracket.

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Nicholas LoRusso Date: 7/10/2021

Signed: Nicholas LoRusso

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: _____ Date: _____

Signed: No personnel available

E-Mail: at the time service completed





