

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

FACID/Building: DE002 Date of Visit: AUGUST 11, 2021

Contractor Personnel on Site:

1. CHRIS
2. SHAWN
3. _____
4. _____
5. _____
6. _____

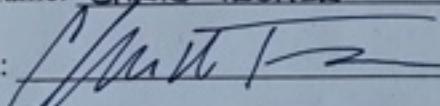
Service Calls – Service Call Number and Description

1. W.O. # 14687 • REPAIR LEAK ON COLD WATER PIPE IN WALL
2. CSS # 32028 BETWEEN KITCHEN AND MECHANICAL ROOM
3. _____
• FIX LEAK ON SHUT OFF VALVE IN MECH. ROOM CEILING

CERTIFICATION OF WORK

To be signed by the Contractor:

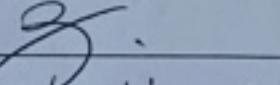
Print Name: CHRIS TROTTER Date: 8/11/21

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: Bonilla, Gustavo /SFC Date: 20210811

Signed: 

E-Mail: gustavo.bonilla@usmc.mil



