

CERTIFICATION OF WORK

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

FACID/Building: 4050

Date of Visit: 8/31/21

Contractor Personnel on Site:

1. David A Holman
2. Will Schellhaas
3. _____
4. _____
5. _____
6. _____

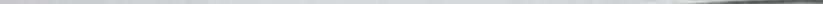
work 12973 C \$8.74 1428

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: David S. Tolson

Date: 8/31/21

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: SSG Tom Wade Date: 8/31/21

Signed: 

E-Mail: _____



12-1E-8

8-31-21

OR
1
455

