

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

FACID/Building: VA099 Date of Visit: 11/10/2021

Contractor Personnel on Site:

- | | |
|-------------------------|----------|
| 1. <u>Brian Davis</u> | 4. _____ |
| 2. <u>Chris Trotter</u> | 5. _____ |
| 3. <u>Ben Cushing</u> | 6. _____ |

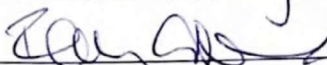
Service Calls – Service Call Number and Description

- | |
|--|
| 1. <u>WO# 15412 CSS# 33360</u> |
| 2. <u>Checked operations, got a list together for quote.</u> |
| 3. _____ |

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Ben Cushing Date: 11/10/2021

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: _____ Date: _____

Signed: GRENIER.SCOTT.ANTHONY.1007219551

Digitally signed by
GRENIER.SCOTT.ANTHONY.10072
19551
Date: 2021.11.17 15:31:01 -05'00'

E-Mail: _____



