

DOUG MOORE

CERTIFICATION OF WORK

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

FACID/Building: DE002

Date of Visit: 1/20/22

Contractor Personnel on Site:

1. Doug Moore

2. _____

3. _____

4. _____

5. _____

6. _____

Service Calls – Service Call Number and Description

1. Vehicle Bay Door #3 not closing correctly

2. _____

3. _____

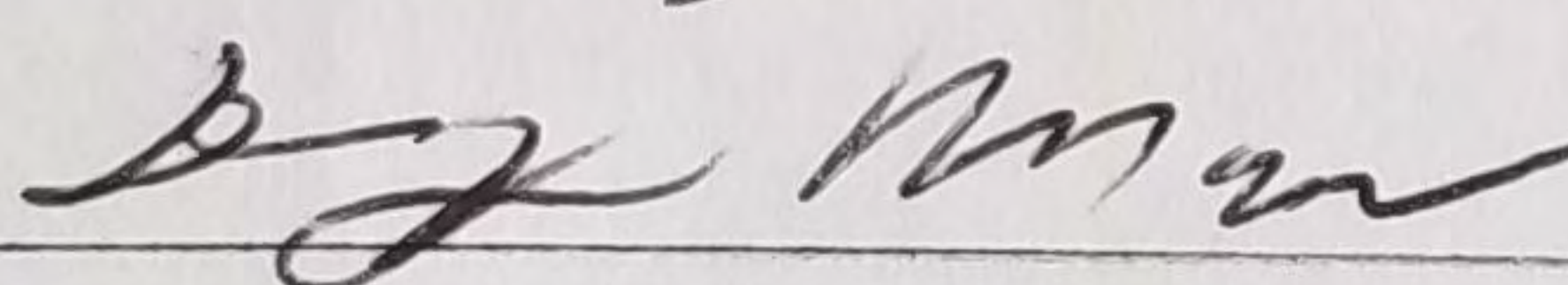
WO # 15662 CSSA 33741

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Doug Moore

Date: 1/20/22

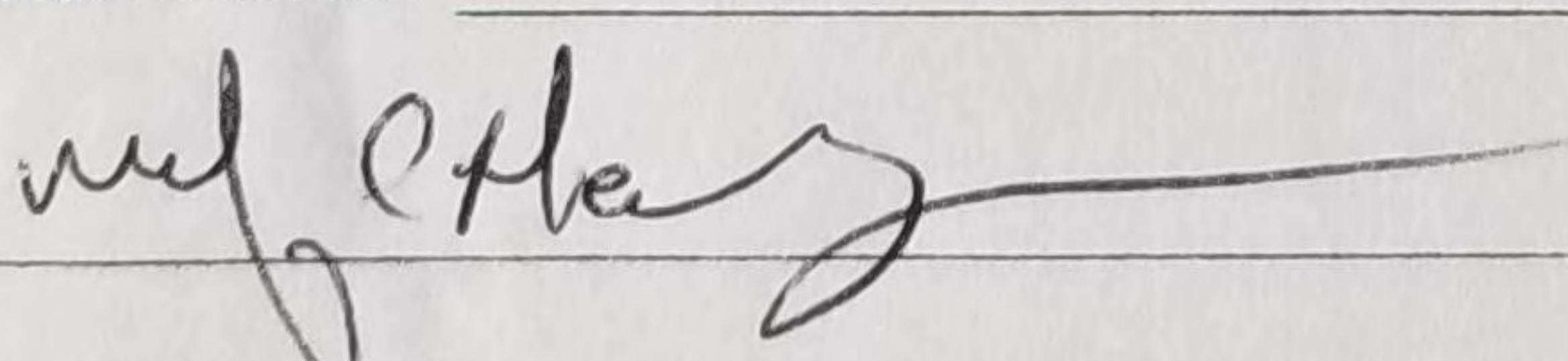
Signed: 

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: 1/20/22

Signed: 

E-Mail: _____



RELUBRICATE WITH 30 DROPS SAE 10
MOTOR OIL (DO NOT OVEROIL), CONT.
DUTY, YEARLY, INTERMITTENT DUTY,
2 YRS; OCCASIONAL DUTY, 5 YRS.

FOR CW ROT. INTERCHANGE RED & BLACK
LINE

CODE L INS B
MSG OPEN

