

DOUG MOORE

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

FACID/Building: M0002

Date of Visit: 2/15/22

Contractor Personnel on Site:

1. Doug Moore

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

Service Calls – Service Call Number and Description

1. No Heat in Buildings 3/4

2. \_\_\_\_\_

3. \_\_\_\_\_

WOP 16439

CSS# 34531

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Doug Moore

Date: 2/15/22

Signed: [Signature]

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: Hector Muleo

Date: 02/15/2022

Signed: [Signature]

E-Mail: \_\_\_\_\_



