CERTIFICATION OF WORK

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

FACID/Building: H0002 Date of Visit: 4-15-22

Contractor Personnel on Site:

1. OSCAR MENDEZ
2. _____
3. _____
4. _____
5. _____
6. _____

Service Calls – Service Call Number and Description

1. Replace MIRROR @ GYM ON BUILDING 001
2. _____
3. _____

WO # 16908 CSS # 35157

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: OSCAR MENDEZ Date: 4-15-22

Signed: _____

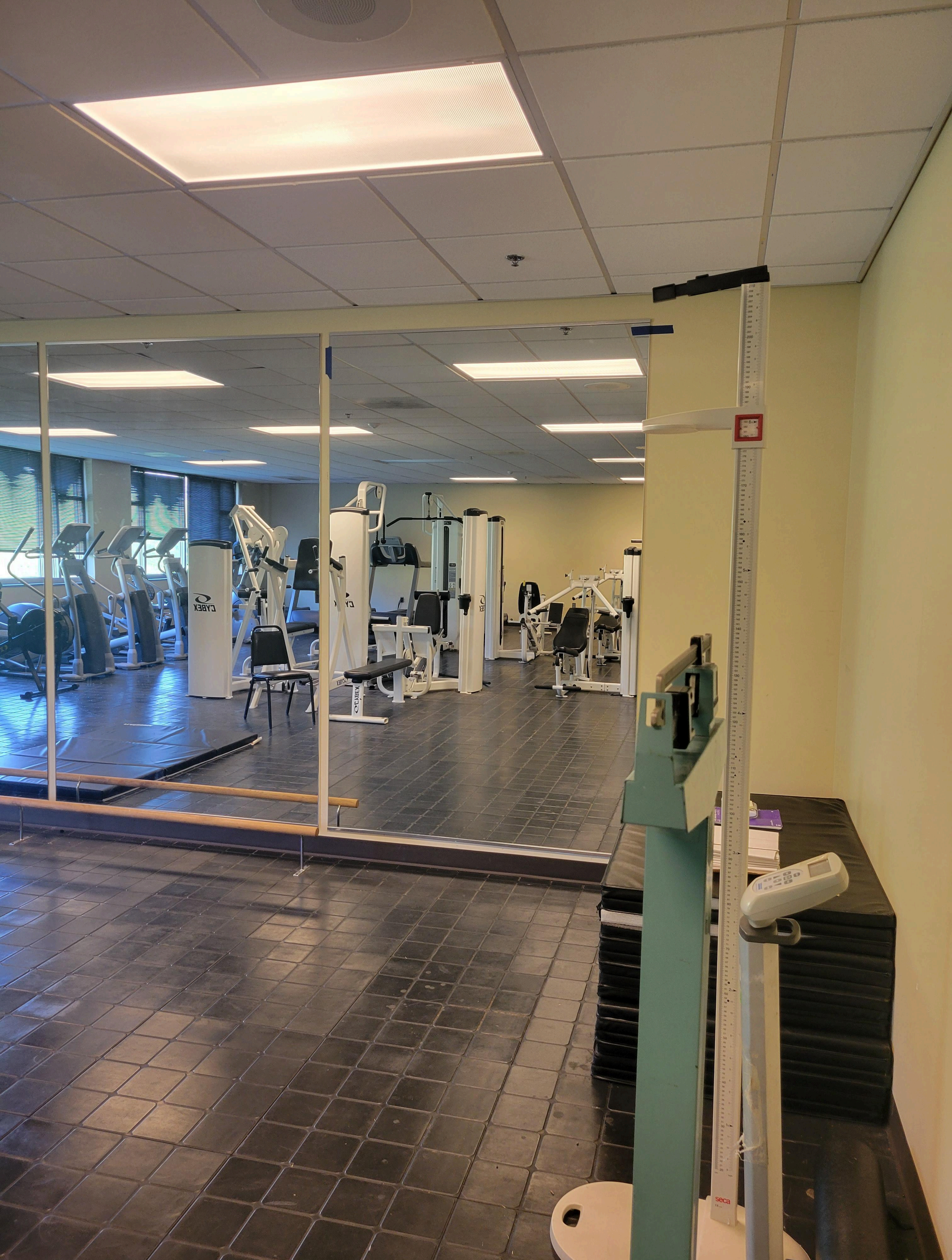
To be signed by Facility Manager:

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: Laura Nguyen/Fac mngr Date: 4/15/22

Signed: _____

E-Mail: Laura.L.nguyen.civ@army.mil.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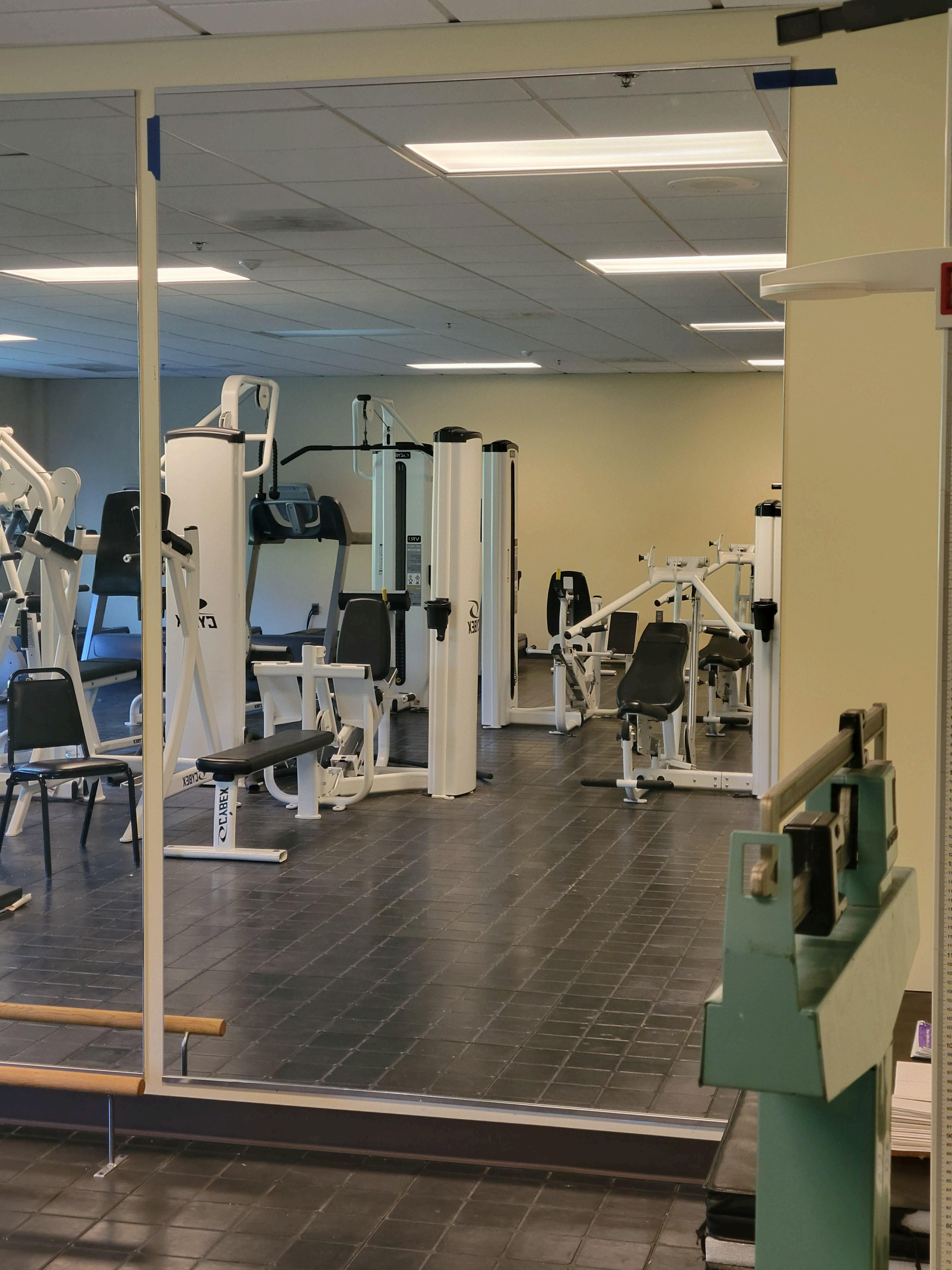
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