

CERTIFICATION OF WORK

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

FACID/Building: MD002001 Date of Visit: 9/14/2021

Contractor Personnel on Site:

- | | |
|--------------------|----------|
| 1. <u>B. Davis</u> | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Service Calls - Service Call Number and Description

1. Relocate broken Emergency Shut off.
2. Moved outside of room
3. _____

WO # 14369 CSS # 29642

CERTIFICATION OF WORK

To be signed by the Contractor:

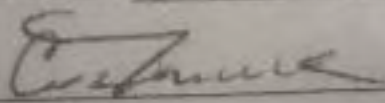
Print Name: BRIAN DAVIS Date: 9/14/2021

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: SFC CESAR TORRES Date: 14 Sept 2021

Signed: 

E-Mail: Cesar.torres.mil@mail.mil

ER
DO NOT
BLOCK

PERSONNEL ONLY

113
Mechanical Room



