

CERTIFICATION OF WORK

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

FACID/Building: MD 19 Date of Visit: 6/24/2021

Contractor Personnel on Site:

- | | |
|-------------------------|----------|
| 1. <u>Jeremy Smeeth</u> | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Service Calls – Service Call Number and Description

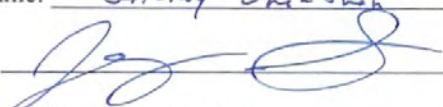
- | |
|--|
| 1. <u>Replace Bad Parking Lot lights</u> |
| 2. _____ |
| 3. _____ |

WO # 12767 CSS # 31188

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jeremy Smeeth Date: 6/24/2021

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: _____

E-Mail: _____



