

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

FACID/Building: DE007 Date of Visit: 10/15/21

Contractor Personnel on Site:

1. Doug Moore
2. Oscar Menderz
3. _____
4. _____
5. _____
6. _____

Service Calls – Service Call Number and Description

1. Main Walk way to Building (2) Pole
2. Lights
3. _____

Work 14542 CS54 31503

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Doug Moore Date: 10/15/21

Signed: Doug Moore

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: JASON COVIN AFOS Date: 10/15/21

Signed: Jason S

E-Mail: _____



