

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 Mender

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

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

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

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

Service Calls – Service Call Number and Description

1. Main walk way to Building (2) Pole

2. Lights

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

WO# 14542

CS# 31503

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Doug Moore

Date: 10/15/21

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: JASON GAVIN AFOS Date: 10/15/21

Signed: [Signature]

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



