

CERTIFICATION OF WORK

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

FACID/Building: MD019 Date of Visit: 11/9/20

Contractor Personnel on Site:

1. Josh Stephenson
2. _____
3. _____
4. _____
5. _____
6. _____

Service Calls - Service Call Number and Description

1. Bathroom's + floor drain's Clogged,
2. overflowing. I sneaked from clean out
3. in Electric Room. About 60' in hid clog and
drain's went down. Ran water to test
WO# 13170 CSS# 27600

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Josh Stephenson Date: 11/9/20

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: 11/9/20

Signed: [Signature]

E-Mail: _____

