

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

FACID/Building: MD020 Date of Visit: OCT 23, 2018

Contractor Personnel on Site:

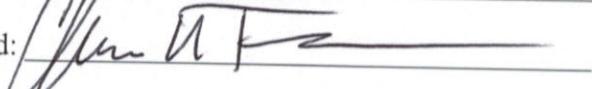
1. CHRIS
2. MIKE
3. _____
4. _____
5. _____
6. _____

Service Calls – Service Call Number and Description

1. W.O. # 5259 CAAME TO REPAIR/ REPLACE FAUCET BUT
2. CSS# 15026 ALL FAUCETS ARE WORKING PROPERLY
3. _____

CERTIFICATION OF WORK

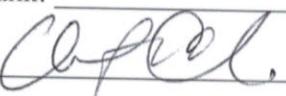
To be signed by the Contractor:

Print Name: CHRIS TROTTER Date: 10/23/18
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: _____