

CERTIFICATION OF WORK

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

FACID/Building: MDO20

Date of Visit: OCT 23, 2018

Contractor Personnel on Site:

1. CHRIS

4. _____

2. MIKE

5. _____

3. _____

6. _____

Service Calls – Service Call Number and Description

1. W.O.# 5259 CAME 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: _____