

CERTIFICATION OF WORK

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

FACID/Building: MD020 Date of Visit: SEPT 25, 2018

Contractor Personnel on Site:

- | | |
|-----------------|----------|
| 1. <u>CHRIS</u> | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Service Calls – Service Call Number and Description

- | | |
|---------------------|--------------------------------------|
| 1. <u>WD#5858</u> | <u>CLEAR CLOG IN DRIP PAIN DRAIN</u> |
| 2. <u>CSS#15481</u> | _____ |
| 3. _____ | _____ |

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: CHRISTOPHER TROTTER Date: 9/25/18

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: JOHN D. OSBORN 6609 Date: 20180925

Signed: 

E-Mail: JOHN.D.OSBORN@CIV@MAIL.MTL