

**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**

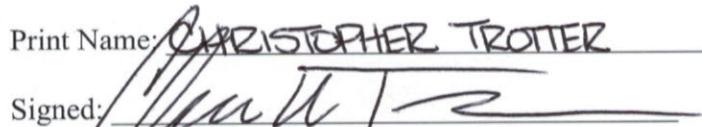
1. <u>WD#5858</u>	<u>CLEAR CLOG IN DRIP PAN DRAIN</u>
2. <u>CSS#15481</u>	
3. _____	

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**CERTIFICATION OF WORK**

To be signed by the Contractor:

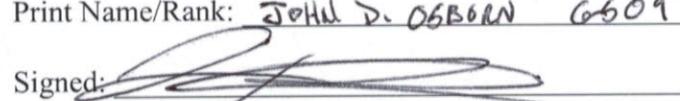
Print Name: CHRISTOPHER TROTTER Date: 9/25/18

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.MIL