

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

FACID/Building: MD020 Date of Visit: 10/3/2018

Contractor Personnel on Site:

1. <u>Advanced security</u>	4.	
2. _____	5. _____	00
3. _____	6. _____	

**Service Calls – Service Call Number and Description**

1. <u>WO# 5998</u>	<u>CSS# 15657</u>
2. _____	Advanced Security drill out lock on file cabinet
3. _____	
4. _____	

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**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Rick Hicks Date: 10/3/2018

Signed: Rick Hicks

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: AUGUSTIN.KENNETH.PETER.1043702560 Digitally signed by AUGUSTIN.KENNETH.PETER.1043702560  
Date: 2018.10.29 09:33:03 -04'00'

E-Mail: \_\_\_\_\_