

CERTIFICATION OF WORK

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

FACID/Building: MDOZO Date of Visit: 12-4-20

Contractor Personnel on Site:

1. Sam Kutz
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

Service Calls – Service Call Number and Description

1. Replace Broken Glass on Front Door
2. \_\_\_\_\_
3. \_\_\_\_\_

WO# 13138 CSS# \_\_\_\_\_

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Sam Kutz Date: 12-4-20

Signed: Sam Kutz

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: \_\_\_\_\_

(No one on site)



