

CERTIFICATION OF WORK

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

FACID/Building: MD020 Date of Visit: 12-4-20

Contractor Personnel on Site:

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

Service Calls - Service Call Number and Description

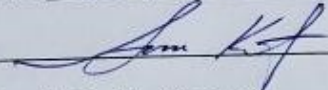
- |  |
|--|
| 1. <u>Replace Broken Glass on Front Door</u> |
| 2. _____                                     |
| 3. _____                                     |

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

CERTIFICATION OF WORK

To be signed by the Contractor:

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

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: \_\_\_\_\_

(No one on site)





