

CERTIFICATION OF WORK

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

OTHER RECURRING SERVICES CERTIFICATION OF WORK

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

FACID/Building: W. t. Plains
MD066

Date of Visit: 2/19/2020

Contractor Personnel on Site:

1. James Harris
2. _____
3. _____

4. Patrick Donovan
5. _____
6. _____

Work Performed:

W# 11895

Other Recurring Services

1. Water Treatment
2. _____
3. _____
4. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: JAMES HARRIS Date: 2/19/2020

Signed: J. H.

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: SFC WILLIAMS, D Date: 2/19/20

Signed: D. M.

E-Mail: david.c.williams2.mil@mail.mil