

CERTIFICATION OF WORK

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

FACID: _____

Building: _____

1. _____
Contractor Personnel on site:

2. _____
Contractor Personnel on site:

Date of Visit: _____

Work Order Date: _____

CSS: _____

WO: _____

Service Order: ☐

Corrective Maintenance: ☐

Service Order Work Performed:

Unit: _____

Manufacturer: _____

Model: _____

Serial: _____


Description:

Repairs

To be signed by the Contractor:

Print Name: _____

Date: _____


Signature: _____


Digital Signature:

To be signed by Facility Manager:

I certify that the above named individuals representing the Contractor arrived on site and to the best of my knowledge, completed the work listed:

Print Name/Rank: _____

Date: _____


Signature: _____

Digital Signature:



THIS FACILITY IS
PROTECTED BY AN
ALARM SYSTEM
Unauthorized entry is prohibited. Penalties
will be prosecuted under the provisions of
the GSA or other applicable laws.

Mosler

**RESTRICTED
AREA
WARNING!**

**RESTRICTED
AREA**