

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

FACID/Building: VAD02 Date of Visit: 2/23/21

Contractor Personnel on Site:

1. Josh Stolansu
2. _____
3. _____
4. _____
5. _____
6. _____

Service Calls – Service Call Number and Description

1. Backflow testing 2
2. -Asset# 13433FPT01 Scr# 70440 3/4"
3. -Asset# 13421FPT01 Scr# 3180751 3/4"

WO# 13499 CSS# _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Josh Stolansu Date: 2/23/21

Signed: [Signature]

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: User, Evan SSG Date: 20210223

Signed: [Signature]

E-Mail: evan.n.user.m1@mail.mil