

CERTIFICATION OF WORK

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

FACID/Building: VA099

Date of Visit: 07/24/2019

Contractor Personnel on Site:

- | | |
|-------------------------|----------|
| 1. <u>David Gholian</u> | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Service Calls – Service Call Number and Description

- | | |
|---|-------|
| 1. <u>PM check on roof</u> | _____ |
| 2. <u>S/b lock needs to be replaced</u> | _____ |
| 3. _____ | _____ |

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: David Gholian Date: 07/24/2019

Signed: David Gholian

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: SSG JASON M NEWSOME Date: 24 JULY 2019

Signed: _____

E-Mail: jason.m.newsomemil@mail.mil