

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

FACID/Building: Rockville MD021 Date of Visit: Thurs. 7/22/21

Contractor Personnel on Site:

1. <u>Kenneth Stahl</u>	4. <u>CSS#31521 WO#14546</u>
2. _____	5. _____
3. _____	6. _____

Service Calls – Service Call Number and Description

1. ESI#1819
2. Replaced damaged Reader with new at the Drill
3. Hall Door

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Kenneth Stahl Date: 7/22/21

Signed: Kenneth Stahl

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: no personnel available at the

E-Mail: time of departure