

CERTIFICATION OF WORK

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

FACID/Building: DE 007

Date of Visit: 10/5/2021

Contractor Personnel on Site:

1. B. DAVIS
2. _____
3. _____

4. _____
5. _____
6. _____

Service Calls – Service Call Number and Description

1. Broken Pm's
2. _____
3. _____

15048, 15049, 15084

WO # _____

CSS # _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: BRIAN DAVIS Date: 10/5/2021

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: JASON GATIN AFOS Date: 10/5/21

Signed: [Signature]

E-Mail: _____

P/N: 2-12-000551



SAN DIEGO, CA 92115
ASSEMBLED IN MEXICO
C7009A 1009
FSG FLAME ROD AND HOLDER
W/4" KANTHAL FLAME ROD
1/8" PIPE MTG

P/N: 2-12-000551

P/N: 2-12-000552



2-30-001334



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