CERTIFICATION OF WORK

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

FACID/Building: [illegible]   Date of Visit: 27 Aug 2019

Contractor Personnel on Site:

1. [illegible]   2. ____________

Work Performed:

Pictures Required

CERTIFICATION OF WORK

To be signed: Facility Manager

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

Print Name: [illegible]   Date: 27 Aug 2019

Signed: [illegible]

E-Mail: [illegible]