

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

FacID/Building: WV 041 Date of Visit: 9/20/19

Contractor Personnel on Site:

1. Tony Lozano
2. Jim Gertzen
3. _____
4. _____
5. _____
6. _____

Work Performed:

Other Recurring Services

1. 10756
2. _____
3. _____
4. _____

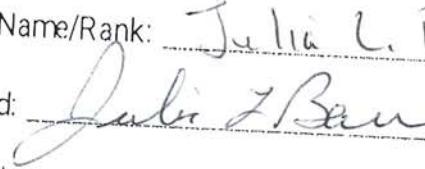
CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jim Gertzen Date: 9-20-19
Signed: 

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: Julia L. Baer Date: 20190920
Signed: 
E-Mail: Julia.L.Baer@wvstate.gov