

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

FACID/Building: MD066 Date of Visit: 11/18/20

Contractor Personnel on Site:

1. James Harris 2. \_\_\_\_\_  
w/bond water

**Work Performed:**

**Preventive Maintenance** - Services Completed (Annual, Quarterly, Monthly, equipment identification, etc.)

1. 13280 asset water treatment

**Service Calls** – Service Call Number and Description

1. CSS# \_\_\_\_\_  
2. CSS# \_\_\_\_\_  
3. CSS# \_\_\_\_\_

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**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: James Harris Date: 11/18/20

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: