

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

FACID/Building: MD 016 Date of Visit: 6.7.2021

Contractor Personnel on Site:

1. <u>Brian Davis</u>	4. _____
2. _____	5. _____
3. _____	6. _____

Service Calls – Service Call Number and Description

1. <u>Turned off Heat</u>
2. _____
3. _____

WO# 14372 CSS# 30884

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: BRIAN DAVIS Date: 6.7.2021
Signed: Brian

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: Nathan Redding Date: 7/6/2021
Signed: Nathan Redding

E-Mail: _____