

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: [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: Nath Reddy Date: 7 June 2021

Signed: _____

E-Mail: _____