

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

FACID/Building: MDO21

Date of Visit: 1/10/2022

Contractor Personnel on Site:

| | |
|--------------------|----------|
| 1. <u>B. DAVIS</u> | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Service Calls – Service Call Number and Description

| |
|---|
| 1. <u>W0# 15385</u> |
| 2. <u>W0# 15385 Braised gas lines, needs compressor</u> |
| 3. _____ |

W0# 15385 CSS# 33184

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: BRIAN DAVIS Date: 1/10/2022

Signed: B. DAVIS

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: _____ Date: _____

Signed: _____

E-Mail: _____