

CERTIFICATION OF WORK

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

FACID/Building: MD021

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>WO# 1528</u>                                      | _____ |
| 2. <u>WO# 15385 Braised gas lines, needs compressor</u> | _____ |
| 3. _____  | _____ |

WO # 15385      CSS # 33184

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Brian Davis      Date: 1/10/2022

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: \_\_\_\_\_ Date: \_\_\_\_\_

Signed: \_\_\_\_\_

E-Mail: \_\_\_\_\_