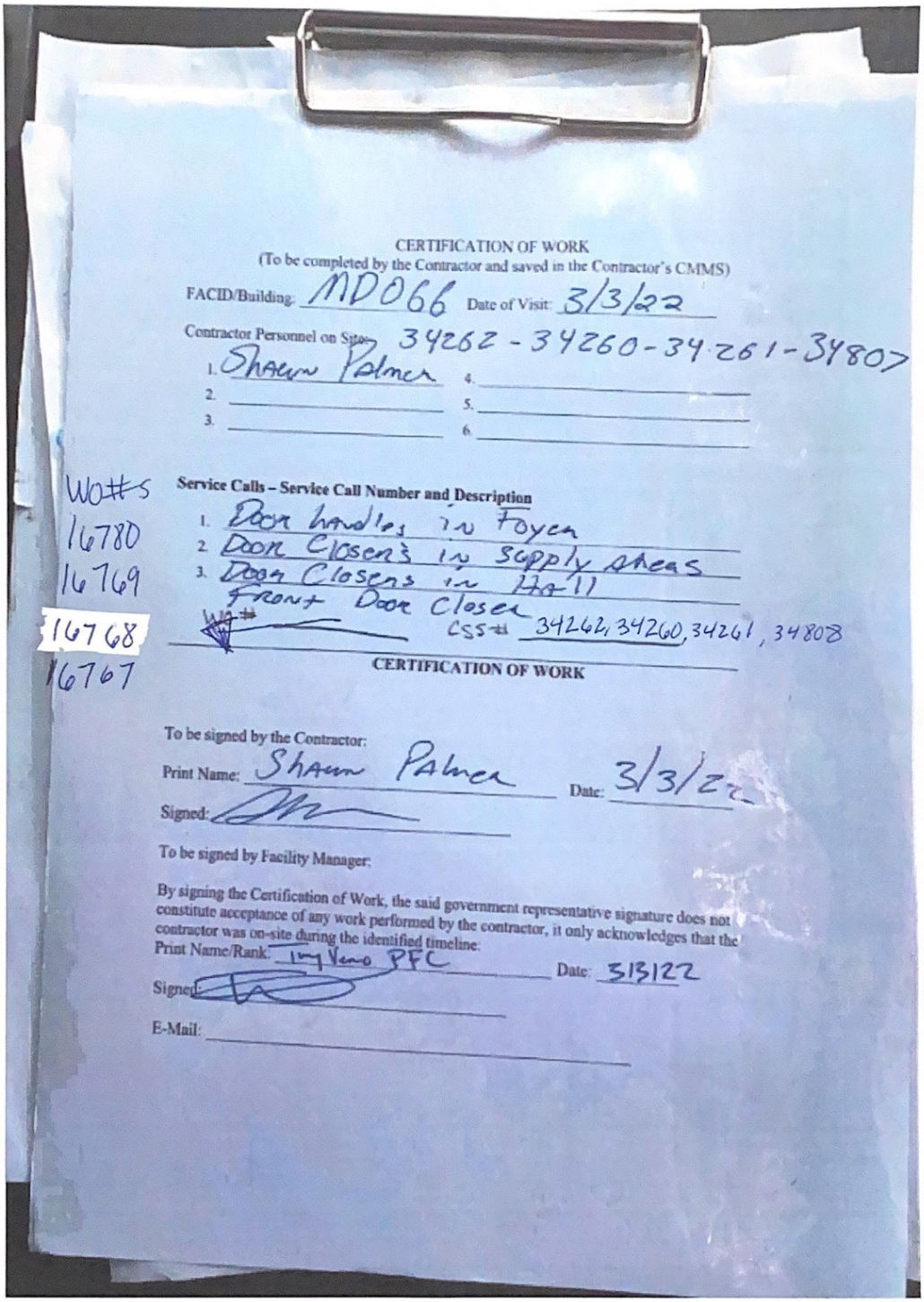

CERTIFICATION OF WORK
(To be completed by the Contractor and saved in the Contractor's CMMS)

FACID/Building: MD066 Date of Visit: 3/3/22

Contractor Personnel on Site: 34262 - 34260 - 34261 - 34807

1. Shaun Palmer
2. _____
3. _____
4. _____
5. _____
6. _____

WO#s
16780
16769
16768
16767

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

1. Door handles in Foyer
2. Door Closers in supply Areas
3. Door Closers in Hall
Front Door Closer

CSS# 34262, 34260, 34261, 34808

**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Shaun Palmer Date: 3/3/22

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:

Print Name/Rank: Ivy Vera PFC Date: 3/3/22

Signed: _____

E-Mail: _____