

CERTIFICATION OF WORK

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

FACID/Building: _____MD021_____ Date of Visit: _____10/18//2018_____

Contractor Personnel on Site:

- | | |
|--------------------------|----------|
| 1. _____Rick Hicks _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Service Calls – Service Call Number and Description

1. _____WO# 6038 CSS# 15943
2. _____
3. _____10/18-Rick walked 6 areas in building with Gov rep. Sent pictures to Tom, Ken for their records.
4. Summary - I feel the conditions in the building are due to the following
5. 1- occupied and un-occupied set points causing bad conditions for Mildew to grow
6. 2- No outside air for 90% of the building -only room area fan coil units
7. 3-Con Edison is onsite this Thursday per Jason Gavin to access the EMS system and then we can take their recommendations and come up with a plan to resolve the issue
8. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: _____Rick Hicks _____ Date: _____10/18//2018 _____

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: Kenneth Augustin _____ Date: 29 OCT
2018 _____

Signed: _____

E-Mail: kenneth.p.augustin.civ@mail.mil
