

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

FACID/Building: MD066 Date of Visit: 1/13/2022

Contractor Personnel on Site:

1. B. Davis 4. \_\_\_\_\_  
2. \_\_\_\_\_ 5. \_\_\_\_\_  
3. \_\_\_\_\_ 6. \_\_\_\_\_

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

1. 15400 - 7 HP in Alarm - THIS is repaired, but Refer to Section 1 on WHPS
2. 15128 - Boards installers out
3. 15127 - Removed and Replaced Switch

WO #	<u>15400</u>	<u>33268</u>
	<u>15128</u>	<u>33901</u>
	<u>15127</u>	<u>32895</u>

**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Brian Davis Date: 1/13/2022  
Signed: Brian

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: N/A

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