

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
2. _____
3. _____
4. _____
5. _____
6. _____

Service Calls – Service Call Number and Description

1. 15400 - 7 HIP in Alarm - THIS IS REPAIRED, but Refer to section 1 on WHPS
2. 15128 - Boilers installation of unit
3. 15127 - Removed and Replaced Switch

WO #	<u>15400</u>		<u>33248</u>
	<u>15128</u>	CSS #	<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: [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: n/a

E-Mail: _____