

CERTIFICATION OF WORK

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

FACID/Building: MDO66

Date of Visit: 7/7/20

Contractor Personnel on Site:

1. <u>CASEY DAVIS</u>	4. _____
2. _____	5. _____
3. _____	6. _____

Service Calls – Service Call Number and Description

1. <u>WOT 12346</u>	<u>Condenser water Pump replacement</u>
2. _____	_____
3. _____	_____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: CASEY DAVIS Date: 7/7/20

Signed: Casey Davis

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: _____