

CERTIFICATION OF WORK

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

FACID/Building: MDO16 Date of Visit: 6/8/22

Contractor Personnel on Site:

1. Shawn 4. SSS
2. Bruce 5. SSS
3. Oscar 6. 1

Service Calls - Service Call Number and Description

1. Secure Exterior Doors
2. Pump water out of Boiler Room
3.

WO # 17792, 17791, 17811 CSS# 846, 845, 1030

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Shawn Palma Date: 6/8/22

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: 6/8/22

Signed: [Signature]

E-Mail: