

CERTIFICATION OF WORK

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

FACID/Building: MD021 Date of Visit: 5/26/21

Contractor Personnel on Site:

1. David Gholian 2. Patrick Donovan

Work Performed:

Preventive Maintenance - Services Completed (Annual, Quarterly, Monthly, equipment identification, etc.)

1. 12967 assets 1273, 1274, 1275 & 1279
WO 14181 Combo Change

Service Calls – Service Call Number and Description

1. CSS# _____
2. CSS# _____
3. CSS# _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name David Gholian Date: 5/26/21

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: Adrian J. Felix SGT Date: 5/26/21

Signed: _____

E-Mail: _____