

CERTIFICATION OF WORK

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

FACID/Building: **MD021 Rockville** Date of Visit: **9/27/21**

Contractor Personnel on Site:

- | | |
|---------------------------|----------|
| 1. Patrick Donovan | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Service Calls – Service Call Number and Description

- | | |
|--|-------|
| 1. WO 15028 | _____ |
| 2. CSS 32551 | _____ |
| 3. all filters signed, dated and changed. | _____ |

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: **Patrick Donovan** Date: **9/27/21**

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: **SFC Castillo, Jamie** Date: **9/27/21**

Signed: _____

E-Mail: _____

