

**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:

**Patrick Donovan**

1. <u>Patrick Donovan</u>	4. _____
2. _____	5. _____
3. _____	6. _____

**Service Calls – Service Call Number and Description**

1. <b>WO 15028</b>
2. <b>CSS 32551</b>
3. <b>all filters signed, dated and changed.</b>

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**CERTIFICATION OF WORK**

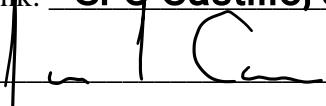
To be signed by the Contractor:

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: \_\_\_\_\_

