

CERTIFICATION OF WORK

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

FACID/Building: PA053-01

Date of Visit: 4/30/19

Contractor Personnel on Site:

- | | |
|-----------------------|----------|
| 1. <u>Scott WERRY</u> | 4. _____ |
| 2. <u>CRAIG Bell</u> | 5. _____ |
| 3. _____ | 6. _____ |

Work Performed:

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

- | |
|-----------------------------|
| 1. <u>Boiler inspection</u> |
| 2. _____ |
| 3. _____ |
| 4. _____ |

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Scott WERRY Date: 4/30/19

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: MAJ Bruce Jordan Date: 4/30/2019

Signed: Bruce Jordan

E-Mail: _____