

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

FACID/Building: PA 171

Date of Visit: 8/13/19

Contractor Personnel on Site:

1. Tony Lizarra

2. Don Gerber

3. _____

4. _____

5. _____

6. _____

Work Performed:

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

1. 10980

2. _____

3. _____

4. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jim C. Grogan

Date: 8-13-19

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: Joseph Knob

Date: 8/13/19

Signed: _____