

CERTIFICATION OF WORK

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

FACID/Building: MOOZ Date of Visit: 7-11-19

Contractor Personnel on Site:

- | | |
|---------------------------|----------|
| 1. <u>Brian Davis</u> | 4. _____ |
| 2. <u>Pateck Donerian</u> | 5. _____ |
| 3. _____ | 6. _____ |

Service Calls – Service Call Number and Description

- | | | |
|---|----------------|--------------------|
| 1. <u>AMS A/C NOT WORKING</u> | <u># 9581</u> | <u>CSG # 19734</u> |
| 2. <u>Repaired ice maker in kitchen</u> | <u># 10114</u> | <u>CSG # 20201</u> |
| 3. _____ | _____ | _____ |

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: BRIAN DAVIS Date: 7-11-19
Signed: [Signature]

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: SGT Felix, Adrian Date: 11 July 2019

Signed: [Signature]

E-Mail: adrian.l.felix2.mil@mail.mil