

CERTIFICATION OF WORK

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

FACID/Building: MD021 Date of Visit: 09/23/14

Contractor Personnel on Site:

1. _____ 2. David Gholian _____

Work Performed:

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

1. Diagnose front door lock WO# 10649

Service Calls - Service Call Number and Description

1. CSS# 21244
2. CSS# _____
3. CSS# _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: David Gholian Date: 09/23/14

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: MSG Contron, Jennifer Date: 10/13/14

Signed: [Signature]

E-Mail: jennifer.m.contron@mil@mail.mil