

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

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

FACID/Building: White Plains Date of Visit: 5/19/20

Contractor Personnel on Site:

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

Work Performed: WATER TREATMENT SERVICE

WO# 12133

Other Recurring Services

1. _____
2. _____
3. _____
4. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: JAMES HARRIS Date: 5/19/20
Signed: JM H

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: KENNETH P. AUGUST Date: 19 MAY 2020
Signed: K.P.August
E-Mail: KENNETH.P.AUGUST@.CIV.EMIL.MIL