

## 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: Walc PlainDate 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 SERVICEWO# 12133

Other Recurring Services

- |          |
|----------|
| 1. _____ |
| 2. _____ |
| 3. _____ |
| 4. _____ |

## CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: JAMES HARRIS Date: 5/19/20Signed: [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: KENNETH P. AUGUST Date: 19 MAY 2020Signed: [Signature]E-Mail: KENNETH.P.AUGUSTIN.CIV@MAIL.M.I.