

**CERTIFICATION OF WORK**

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

FACID/Building: MD066 Date of Visit: 9/8/20

Contractor Personnel on Site:

- |                        |          |
|------------------------|----------|
| 1. <u>James Harris</u> | 4. _____ |
| 2. _____               | 5. _____ |
| 3. _____               | 6. _____ |

**Service Calls – Service Call Number and Description**

- |                   |
|-------------------|
| 1. <u>W012725</u> |
| 2. _____          |
| 3. _____          |

---

**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: James Harris Date: 9/8/20

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: Patrick Donovan Date: 9/8/20

Signed: \_\_\_\_\_

E-Mail: \_\_\_\_\_