

CERTIFICATION OF WORK

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

FACID/Building: DE007 Date of Visit: 5/24/22

Contractor Personnel on Site:

- | | |
|----------------------------------|----------|
| 1. <u>[Signature]</u> | 4. _____ |
| 2. <u>Daryush A. [Signature]</u> | 5. _____ |
| 3. _____ | 6. _____ |

Service Calls – Service Call Number and Description

1. Chg Battery
2. Chg Cool for valve
3. PM Check Alarm
4 test holes up
5 lubricate valve door

CERTIFICATION OF WORK

WO# 15222 CSS# 1043, 1044, 1045, 1048, 1049

To be signed by the Contractor:

Print Name: Daryush A. [Signature] Date: 5/24/22

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: Mr. Gabriel Cortez Date: 5/24/22

Signed: [Signature]

E-Mail: gabriel.e.cortez@army.mil
DE007











