

CERTIFICATION OF WORK

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

FACID/Building: D-2007

Date of Visit: 5/28/19

Contractor Personnel on Site:

- | | |
|-----------------------|----------|
| 1. <u>Brian Davis</u> | 4. _____ |
| 2. <u>Paul M</u> | 5. _____ |
| 3. _____ | 6. _____ |

Service Calls – Service Call Number and Description

- | |
|--|
| 1. <u>Rep line on 1 2 and 3, 4, 5, 6</u> |
| 2. _____ |
| 3. _____ |

DE007 CSS 11939 WO3150

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Brian Davis

Date: 5/28/19

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:

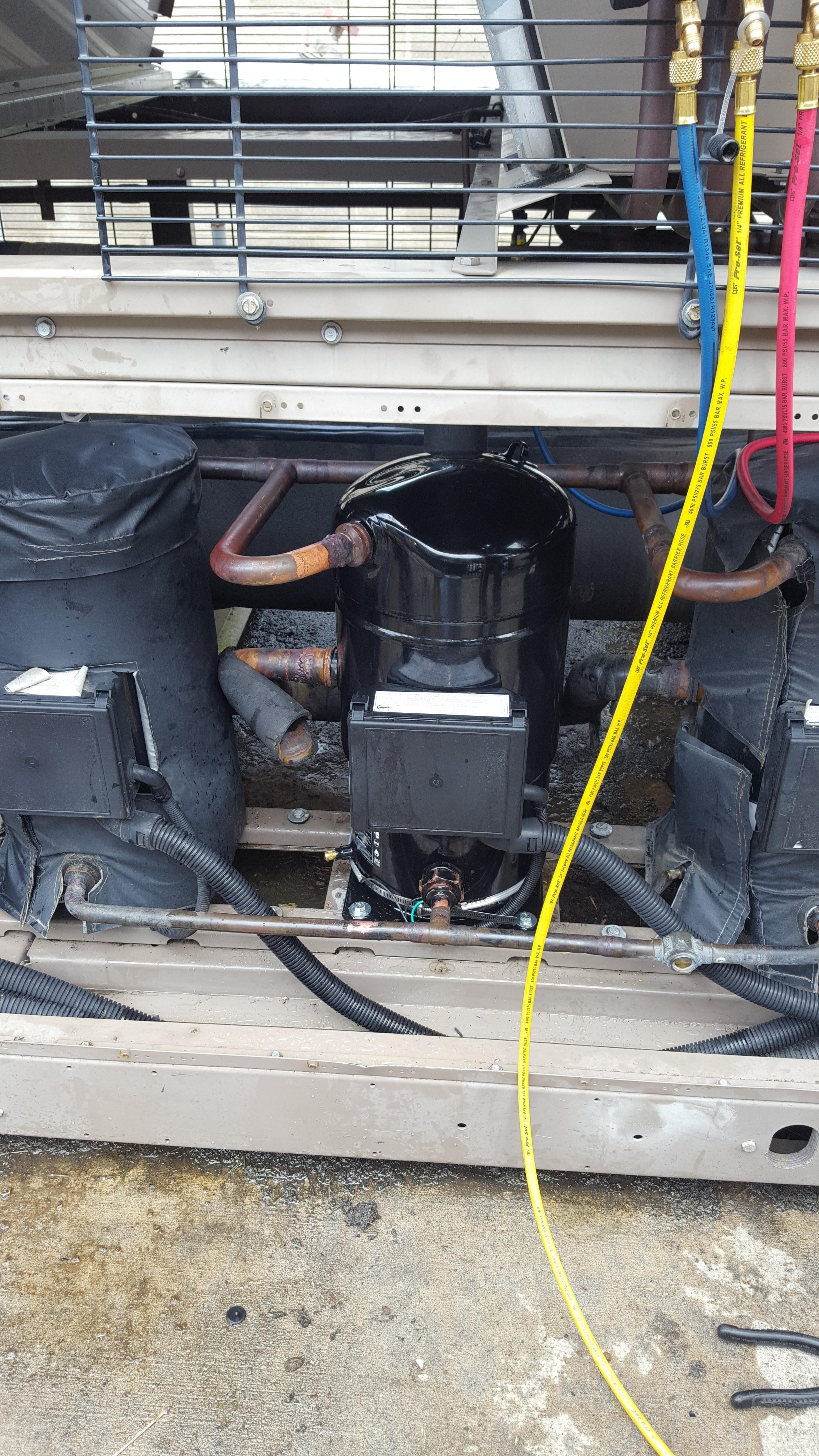
Print Name/Rank: Danielle Barrett

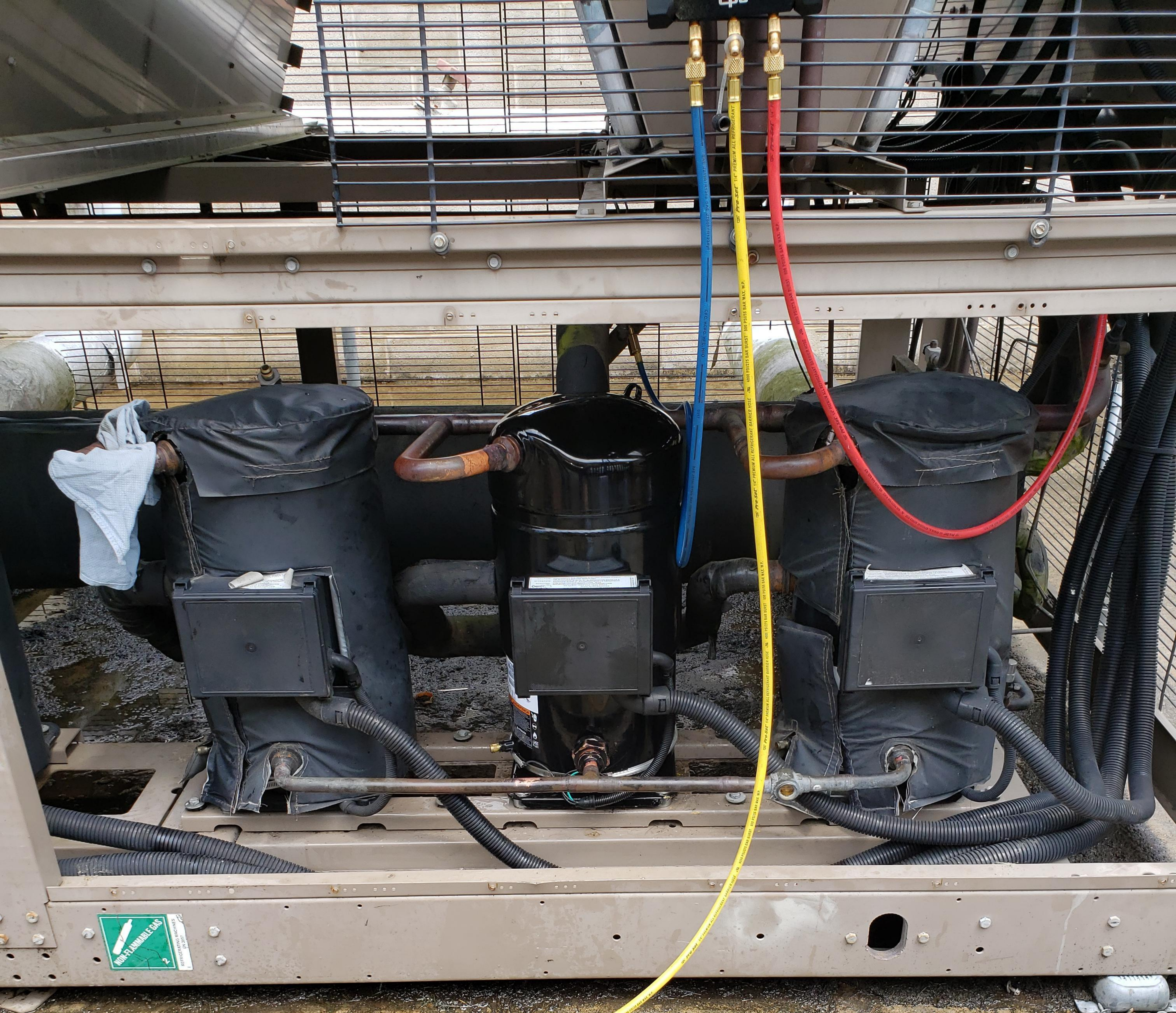
Date: 5/29/19

Signed: [Signature]

E-Mail: danielle.e.barrett@vma1.mil







NON-FLAMMABLE GAS
RECHARGING ONLY
R-410A

