

CERTIFICATION OF WORK

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

FACID/Building: MD005

Date of Visit: 12/17/18

Contractor Personnel on Site:

- |                      |          |
|----------------------|----------|
| 1. <u>Doug Moore</u> | 4. _____ |
| 2. _____             | 5. _____ |
| 3. _____             | 6. _____ |

Service Calls – Service Call Number and Description

- |  |
|--|
| 1. <u>6825</u> , Motor starter install |
| 2. <u>MC Cable to chiller pump</u>     |
| 3. _____                               |

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Doug Moore Date: 12/12/18

Signed: Doug Moore

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: JASON GAVIN Date: 12/17/18

Signed: Jason Gavin

E-Mail: jason.d.gavin.ctr@mail.mil











