

CERTIFICATION OF WORK

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

FACID/Building: MD 019

Date of Visit: 7/3/19

Contractor Personnel on Site:

1. Brian Davis
2. Rich Finkles
3. _____

4. _____
5. _____
6. _____

Service Calls – Service Call Number and Description

1. Leak check System #1 on chiller
2. _____
3. _____

WOFF 9625 CSS: 15509

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Brian Davis Date: 7/3/19

Signed: Brian Davis

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: Thomas J. Devlin Date: 7/3/19

Signed: Thomas J. Devlin

E-Mail: thomas.j.devlin@usace.army.mil

KeepRite Ref
48BAR
1588UT 141023

