

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. <u>Brian Davis</u> | 4. _____ |
| 2. <u>Rick Hicks</u>  | 5. _____ |
| 3. _____              | 6. _____ |

Service Calls – Service Call Number and Description

- |   |
|---|
| 1. <u>Leak check System #1 on chiller</u> |
| 2. _____                                  |
| 3. _____                                  |

WO# 9625 CSS: 15509

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Brian Davis Date: 7/3/19  
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: THOMAS J. DEVLIN Date: 7/3/19

Signed: [Signature]  
USACE, COR

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

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