

CERTIFICATION OF WORK

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

FACID/Building: MD 19 Date of Visit: 1.11.19

Contractor Personnel on Site:

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

Service Calls – Service Call Number and Description

- | | |
|-------------------------------|-------|
| 1. <u>Boilers not working</u> | _____ |
| 2. _____ | _____ |
| 3. <u>CSS 16780 WD 6873</u> | _____ |

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Brian Davis Date: 1.11.19

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: _____ Date: _____

Signed: [Signature]

Digitally signed by
WILDISAN.KEVIN.PAUL.1235001752
Date: 2019.01.14.14:46:49 -05'00'

E-Mail: Kevin.P.Wildsan.mil@mail.mil





