

CERTIFICATION OF WORK

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

FACID/Building: MD048

Date of Visit: 5/20/19

Contractor Personnel on Site:

1. Ronald
2. _____
3. _____
4. _____
5. _____
6. _____

Service Calls – Service Call Number and Description

1. 8987 / 19250 Checked HVAC unit, leak sealed, PM on unit recommended
2. _____
3. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Ronald Montemora Date: 5/20/19
Signed: RM

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: _____

E-Mail: _____