

### 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. <u>Ronald</u> | 4. _____ |
| 2. _____         | 5. _____ |
| 3. _____         | 6. _____ |

#### Service Calls – Service Call Number and Description

1. 8987 / 19250 checked HVAC unit, leak sealed, PM on unit recommended
2. \_\_\_\_\_
3. \_\_\_\_\_

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### CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Ronald Montemaza Date: 5/20/19

Signed: 

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: \_\_\_\_\_