

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

FACID/Building: MD 003 Date of Visit: 12/20/19

Contractor Personnel on Site:

- | | |
|-------------------|----------|
| 1. <u>Drew M</u> | 4. _____ |
| 2. <u>Casey D</u> | 5. _____ |
| 3. _____ | 6. _____ |

Service Calls – Service Call Number and Description

- | | |
|--------------------|-------------------------|
| 1. <u>WO# 9003</u> | <u>AC Unit Zone C</u> |
| 2. _____ | _____ |
| 3. _____ | <u>Complete Install</u> |

WO# _____ CSS# _____

50° is Airtemp

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Casey Davis Date: 12/20/19

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: RODERICK S. DANIELS Date: 20 DEC 2019

Signed: R. S. Daniels

E-Mail: roderick.s.daniels,cw.@mail.mil

CIR. 10,12

SPACEPAK

