

CERTIFICATION OF WORK

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

FACID/Building: MD002

Date of Visit: 8/19/20

Contractor Personnel on Site:

1. CASEY DAVIS

2. _____

3. _____

4. _____

5. _____

6. _____

Service Calls – Service Call Number and Description

1. WST#11705 CSS# 20482 Repair Freezer
2. _____
3. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Casey Davis

Date: 8/19/20

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:

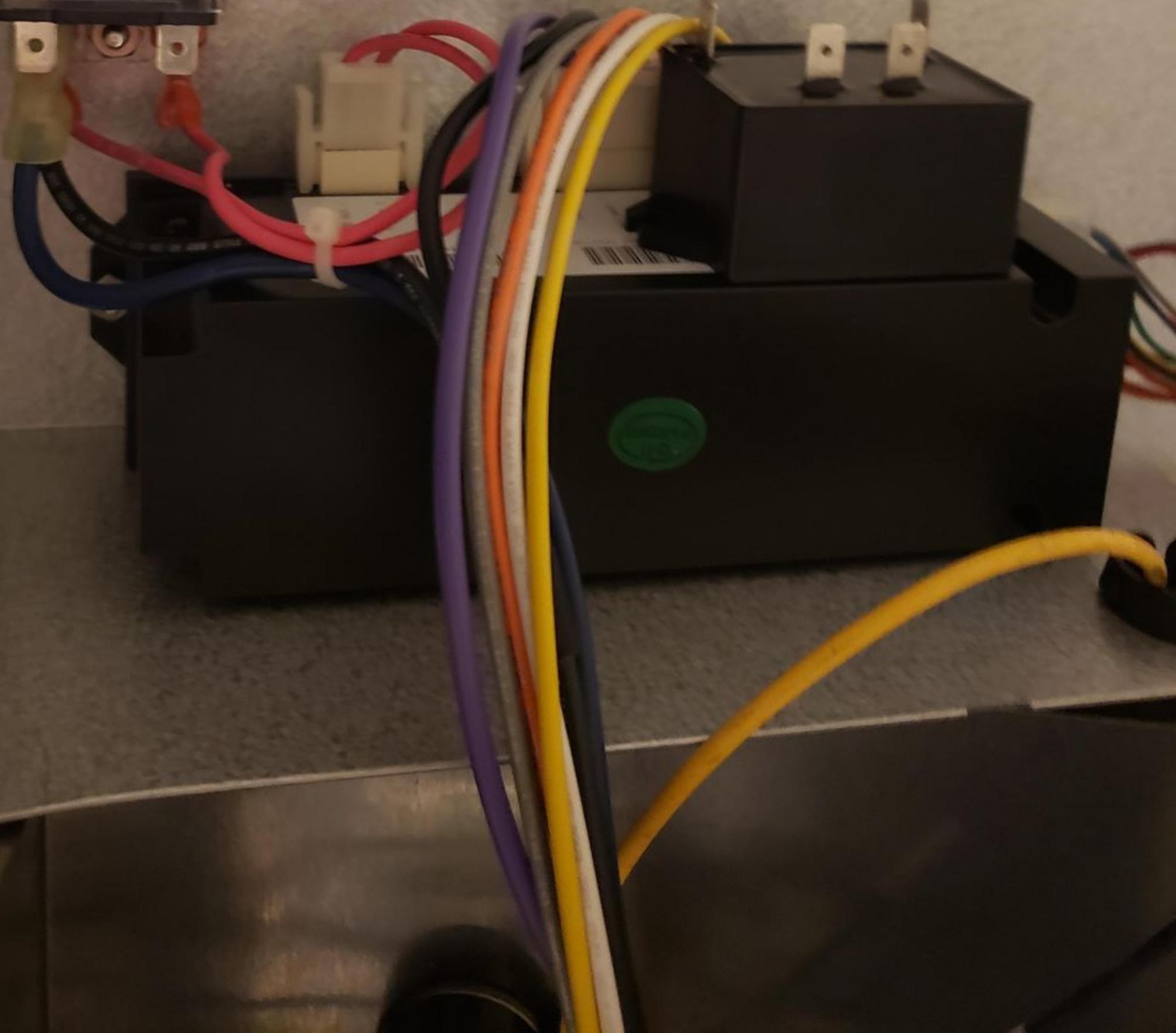
Print Name/Rank: _____ Date: _____

Signed: _____

E-Mail: _____

Staff Is Not Available to Sign CoW.
POC not on site (network down)

CONTROL CONTROLS
208F 102C 24A ST550
25FLA, 125LRA 277VAC
25A/15A 277/500VAC
1HP/2HP 120/240VAC
25AMP 28VDC
20844-82 C
COIL 24VAC
250V ~ AC1
28VDC DC1
240V ~ AC3
BEIJING CHINA
12R46



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