

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

FACID/Building: MD 019

Date of Visit: 11/12/2020

Contractor Personnel on Site:

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

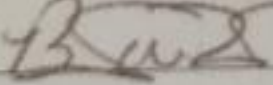
**Service Calls – Service Call Number and Description**

- |   |
|---|
| 1. <u>Work with Bond water treatment to</u> |
| 2. <u>add fluid to cold water system</u>    |
| 3. _____                                    |

**CERTIFICATION OF WORK**

To be signed by the Contractor:

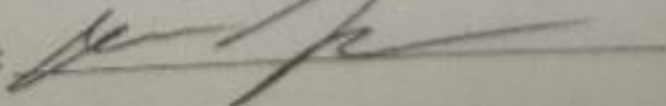
Print Name: Brian Davis Date: 11/12/2020

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: Sgt. William Shalk Date: 11/12/20

Signed: 

E-Mail: \_\_\_\_\_

