

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

CERTIFICATION OF WORK

FACID/Building: MD 019 Date of Visit: 11/12/2020

Contractor Personnel on Site:

1. Brian Davis
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

Service Calls – Service Call Number and Description

1. Work with Board water treatment to
2. add fluid to cold water system
3. \_\_\_\_\_

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CERTIFICATION OF WORK

To be signed by the Contractor:

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

Signed: Brian

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: SFC John Shultz Date: 11/12/20

Signed: John Shultz

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

