

CASEY DAVIS

CERTIFICATION OF WORK

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

FACID/Building: MD019

Date of Visit: 12/2/19

Contractor Personnel on Site:

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

Service Calls - Service Call Number and Description

- | |
|----------------------------------|
| 1. <u>WOFF 110418 CSS# 21183</u> |
| 2. _____ |
| 3. _____ |

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Casey Davis

Date: 12/2/19

Signed: Casey Davis

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: SIC WILLIAM H BY Date: 02 DEC 2019

Signed: [Signature]

E-Mail: cyam.willoughby@usmc.mil



OIL FLOW
PN 025-29139-001
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YORK
MODEL NO. DXS36LASA46/50-R
SERIAL NO. 10004455C
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