

CERTIFICATION OF WORK

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

FACID/Building: DE067

Date of Visit: 10/30/2020

Contractor Personnel on Site:

1. Brian Davis
2. Sue Moore
3. _____

4. _____
5. _____
6. _____

Service Calls – Service Call Number and Description

1. Mini Split installation
2. _____
3. _____

WO# 12750 CSS# _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Brian Davis Date: 10/30/2020

Signed: Brian 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: Danielle Barnett Date: 30 OCT 20

Signed: Danielle Barnett

E-Mail: _____

