

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

FACID/Building: DE007

Date of Visit: 10/30/2020

Contractor Personnel on Site:

1. Bryan Davis

4. \_\_\_\_\_

2. Joe Moore

5. \_\_\_\_\_

3. \_\_\_\_\_

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: BRYAN DAVIS

Date: 10/30/2020

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: Danielle Barnett

Date: 30 OCT 20

Signed: \_\_\_\_\_

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

