

CASEY DAVIS

### CERTIFICATION OF WORK

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

FACID/Building: MD003

Date of Visit: 7/27/20

Contractor Personnel on Site:

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

Service Calls ~~#~~ Service Call Number and Description

- |  |
|--|
| 1. <u>WOT 12325 - Chiller Contactor Repair</u> |
| 2. _____                                       |
| 3. _____                                       |

### CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Casey Davis

Date: 7/27/20

Signed: [Signature]

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: Cesar Torres / SFC

Date: 27 July 2020

Signed: [Signature]

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







