

CASEY DAVIS

CERTIFICATION OF WORK

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

FACID/Building: MDO09

Date of Visit: 7/27/20

Contractor Personnel on Site:

1. Casey Davis
2. \_\_\_\_\_
3. \_\_\_\_\_

4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

Service Calls: W009 Service Call Number and Description

1. 12325 - Chiller Contactor Repair
2. \_\_\_\_\_
3. \_\_\_\_\_

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Casey Davis

Date: 27/07/20

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: Cesar Torres / SFC Date: 27 July 2020

Signed: Cesar Torres

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



