CERTIFICATION OF WORK

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

FACID/Building: MD 03 Date of Visit: 10/21/2020

Contractor Personnel on Site:

1. BRIAN DAVIS
2.
3.
4.
5.
6.

WO # 12463

Service Calls – Service Call Number and Description

1. GASKETS on boiler #3 BAD. Removed and Replaced
2. Installation and operation checked good.
3.

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: BRIAN DAVIS Date: 10/21/2020

Signed:

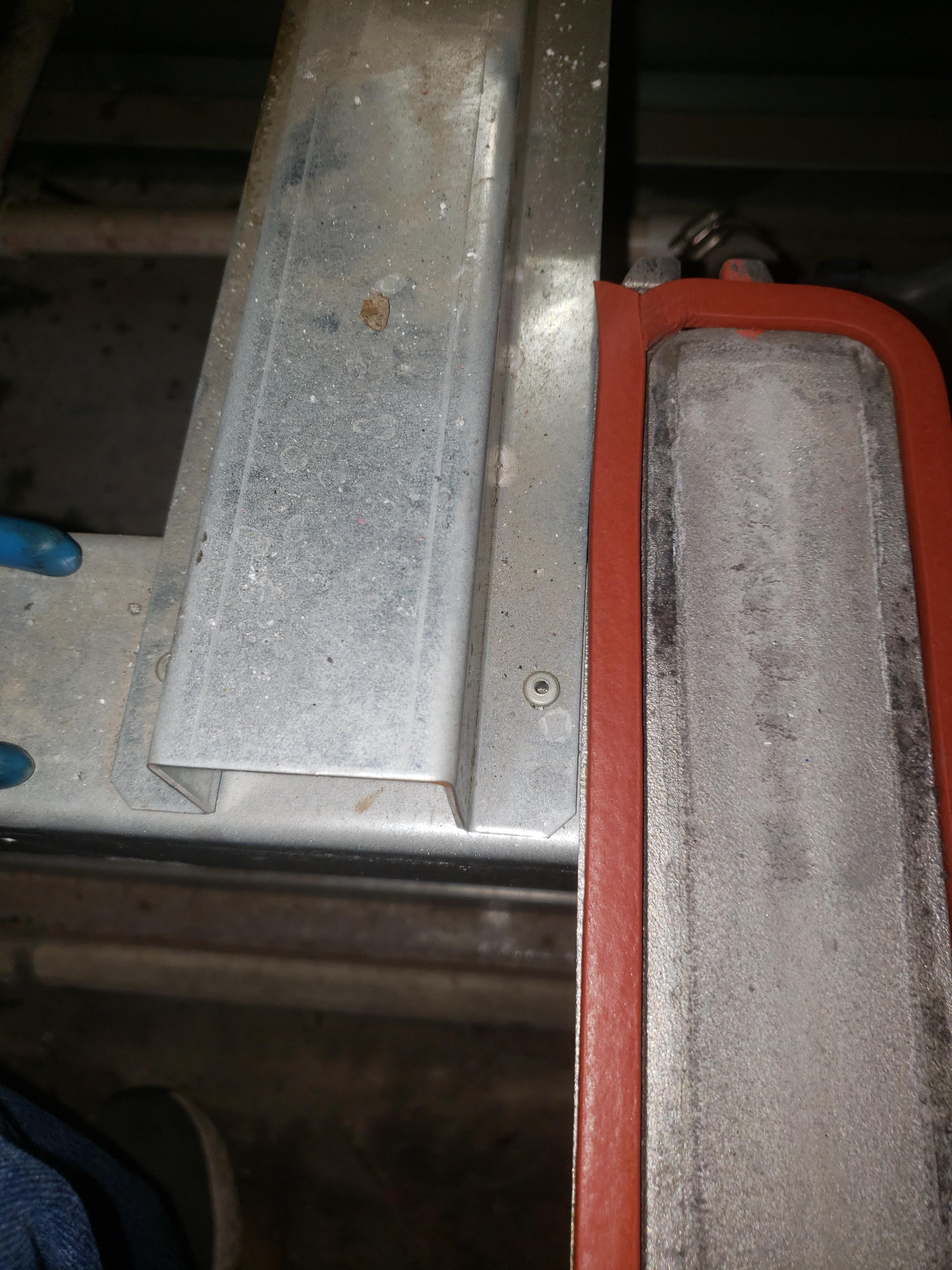
To be signed by Facility Manager:

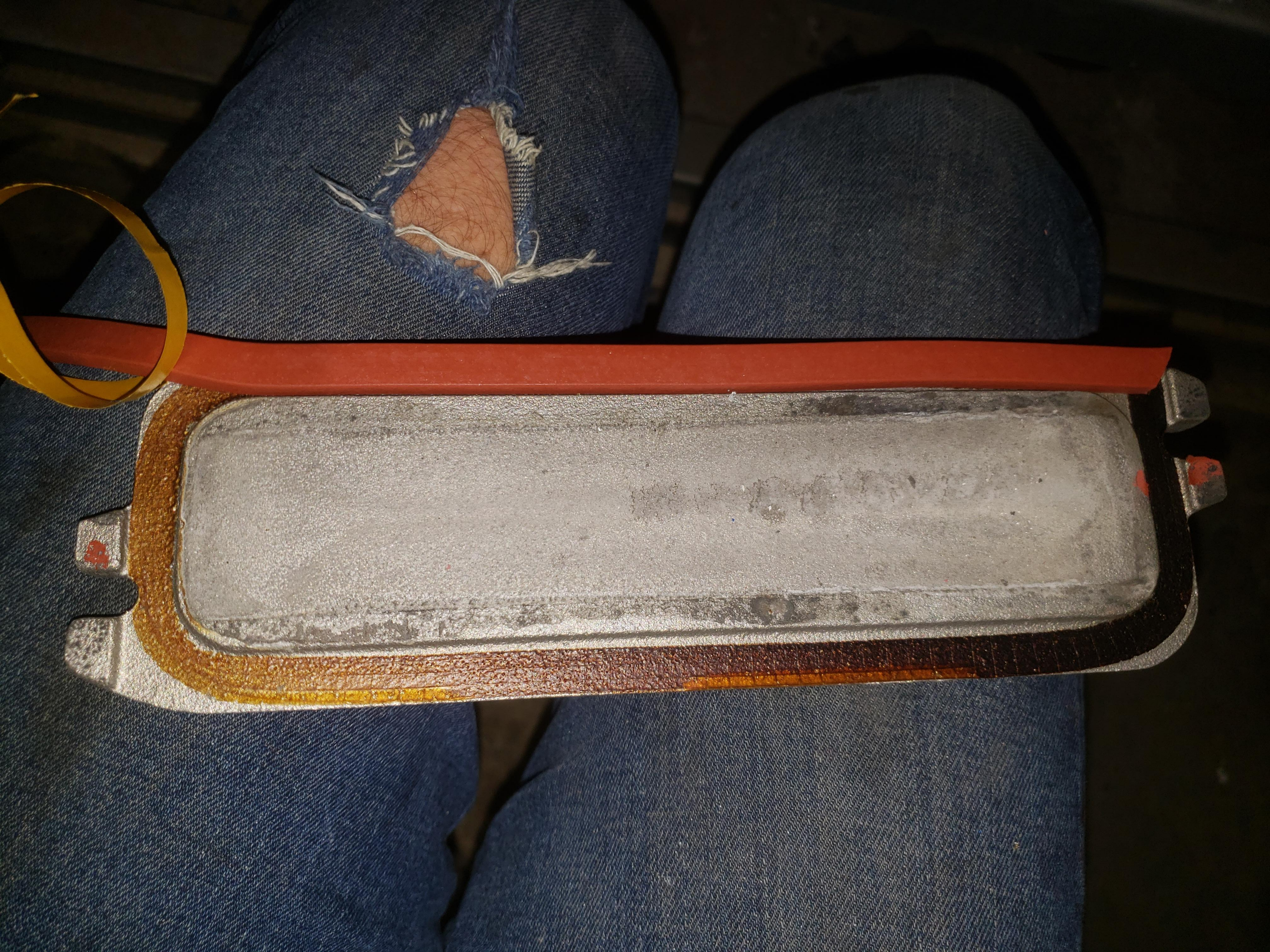
By signing the Certification of Work, the said government representative signature does not constitute acceptance of any work performed by the contractor, it only acknowledges that th contractor was on-site during the identified timeline:

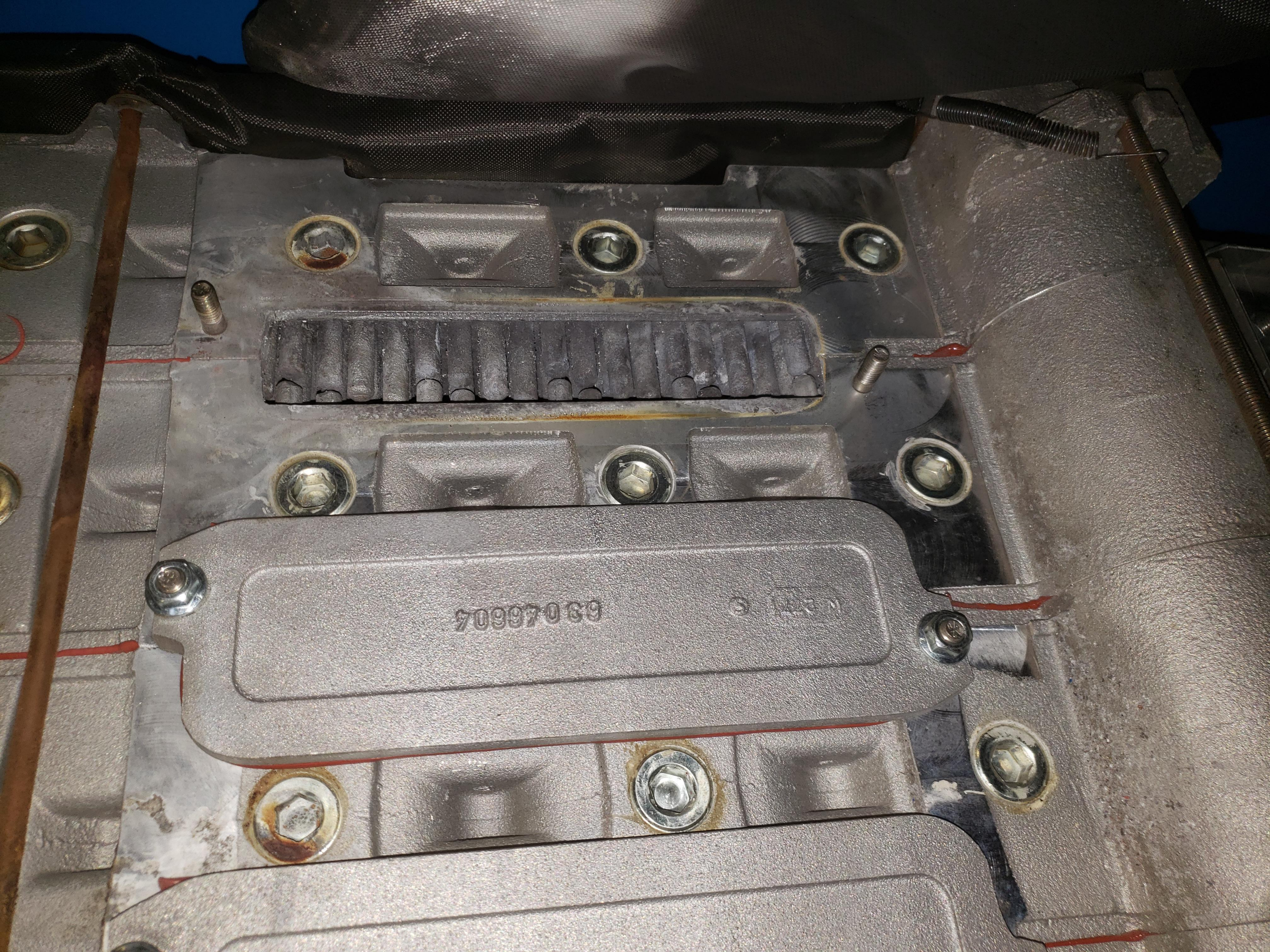
Print Name/Rank: JASON BAVIN AFOS

Signed: Date: 10/21/2020

E-Mail:



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