CERTIFICATION OF WORK

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

FACID/Building: DE 0001 Date of Visit: 11/23/2020

Contractor Personnel on Site:

1. Brian Davis
2. _____
3. _____
4. _____
5. _____
6. _____

Service Calls – Service Call Number and Description

1. Gas pressure switch
2. _____
3. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Brian Davis Date: 11/23/2020

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: Jason Gavin AFOS Date: 11/23/2020

Signed: [signature]

E-Mail: _____