

CERTIFICATION OF WORK

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

FACID/Building: MD 002

Date of Visit: 24 May 2021

Contractor Personnel on Site:

1. Brian Davis

4. _____

2. _____

5. _____

3. _____

6. _____

Service Calls – Service Call Number and Description

1. WO# 14170 - 30498 - VFD NOT CONTROLLING HCU-1. Reset Alarms
2. WO# 14058 - York Chiller NOT RUNNING. Test chiller found bad sensor
3. WO# 14160 - LPZ surge protector - needs replace
4. WO# 13311 - 2ND Floor VFR's code 704. Added 2 lbs of R410 Checked good.

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Brian Davis

Date: 24 May 2021

Signed: Brian 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: Charles Ankney / CPT

Date: 24 May 21

Signed: Charles Ankney

E-Mail: charles.c.ankney.mil@mail.mil

Panasonic

