

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
2. _____
3. _____

4. _____
5. _____
6. _____

Service Calls – Service Call Number and Description

1. WO# 14170 - 30498 : VFD not controlling HCU-1. Reset Hcu's
2. WO# 14058 - York Chiller not running. Test chiller found bad sensor
3. WO# 14160 - LP2 surge protector - needs replaced
4. WO# 13311 - 2nd Floor VFK's code P04. Address 216s of P410 Checked and

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: BRIAN DAVIS

Date: 24 May 2021

Signed: B. 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 Antkey /CET Date: 24 May 21

Signed: C. Antkey

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

Panasonic

