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

FACID/Building: MD048 Date of Visit: 2/22 - 2/26/2021

Contractor Personnel on Site:

1. Brian Davis
2. Doug Moore
3. Sam Kutz
4. Jeremy Sneathen
5. _____
6. _____

Service Calls – Service Call Number and Description

1. WO# 13436, 13435, 13442 CSS # 28164, 28165, 28169
2. Removed and disconnected 3 RTUs. Put curb on for new units,
3. pulled wire into unit. Made all connections

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: BRIAN DAVIS Date: 2/22 - 2/26/2021

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 the contractor was on-site during the identified timeline:

Print Name/Rank: _____ Date: _____

Signed: _____

E-Mail: _____

YORK
IMPORTANT
DO NOT REMOVE
ROOF CURB ALIGNMENT BRACKETS

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