

CERTIFICATION OF WORK

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

FACID/Building: MO-48 Date of Visit: 3/9/2021

Contractor Personnel on Site:

- | | |
|--------------------------|----------|
| 1. <u>Jeremy Smeaton</u> | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

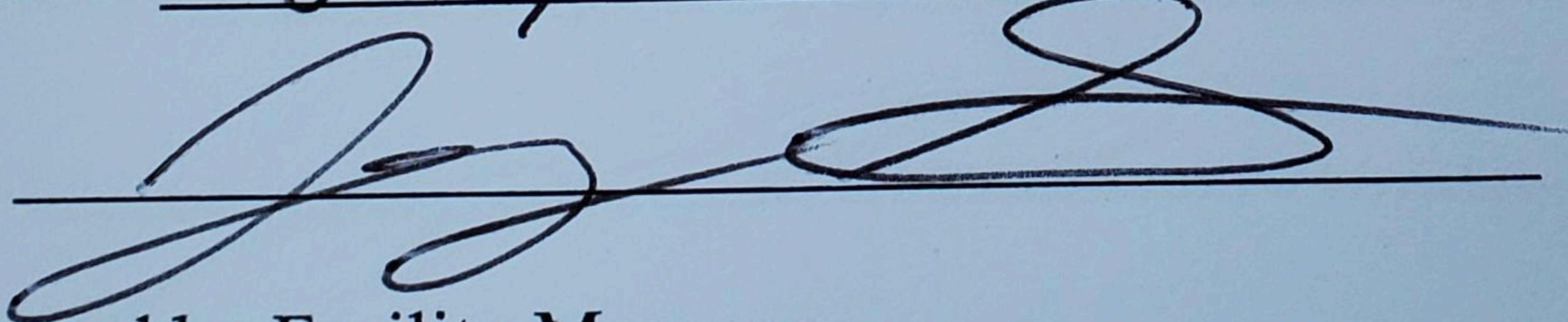
Service Calls – Service Call Number and Description

- | | |
|-------------------------------------|---------------------|
| 1. <u>WO# - 13340</u> | <u>CSS# - 28187</u> |
| 2. <u>New thermostat for zone 4</u> | |
| 3. _____ | |

CERTIFICATION OF WORK

To be signed by the Contractor:

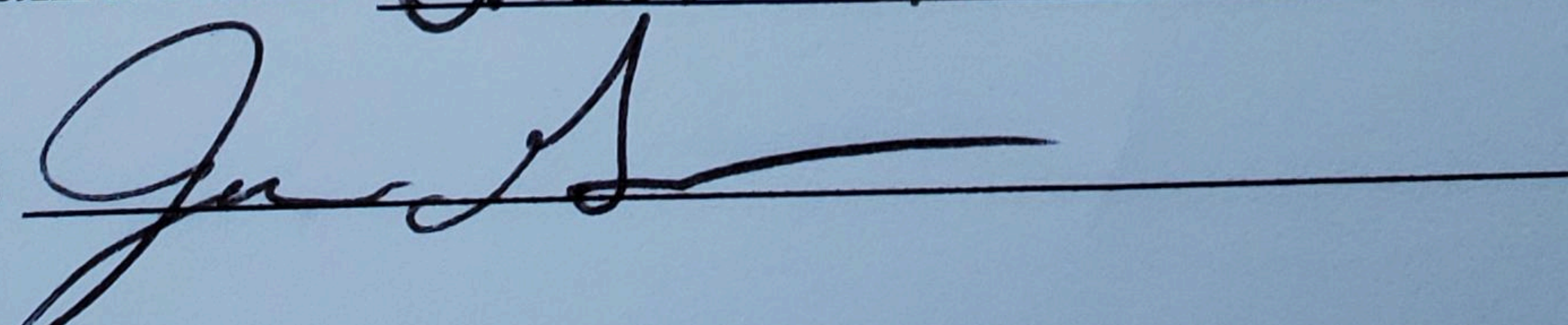
Print Name: Jeremy Smeaton Date: 3/9/2021

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: JASON GAVIN AFOS Date: 3/9/21

Signed: 

E-Mail: _____

