

### CERTIFICATION OF WORK

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

FACID/Building: MD003

Date of Visit: 2/10/2021

Contractor Personnel on Site:

- |                       |          |
|-----------------------|----------|
| 1. <u>Brian Davis</u> | 4. _____ |
| 2. _____              | 5. _____ |
| 3. _____              | 6. _____ |

Service Calls – Service Call Number and Description

- |  |
|--|
| 1. <u>Drill wall vent / Replace Induce Fan</u> |
| 2. _____                                       |
| 3. _____                                       |

### CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Brian Davis Date: 2/10/2021

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: Nicholas R Cruz SGT Date: 20210209

Signed: [Signature]

E-Mail: nicholas.r.cruz5.mil@mail.mil

