

CERTIFICATION OF WORK

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

FACID/Building: MD 002

Date of Visit: 2/9/2021

Contractor Personnel on Site:

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

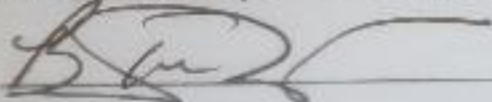
Service Calls – Service Call Number and Description

- | |
|---|
| 1. <u>No Heat OMS build. software issue</u> |
| 2. _____ |
| 3. _____ |

CERTIFICATION OF WORK

To be signed by the Contractor:

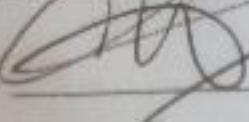
Print Name: Brian Davis Date: 2/9/2021

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: Arnell Christopher Date: 2/9/2021

Signed: 

E-Mail: _____