CERTIFICATION OF WORK

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

FACID/Building: UA011 Date of Visit: 6/2/21

WO # 143449

Contractor Personnel on Site:

1. Shawn S3'S
2. Oscar S3'S
3. _____
4. _____
5. _____
6. _____

Service Calls – Service Call Number and Description

1. Insulate HVAC Pipe
2. _____
3. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Shawn Palm Date: 6/2/21

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: _____

GRENIER.SCOTT.ANTHONY.1007219551

Digitally signed by GRENIER.SCOTT.ANTHONY.1007219551
Date: 2021.06.03 14:33:26 -04'00'

E-Mail: _____