

CERTIFICATION OF WORK

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

FACID/Building: M002

Date of Visit: 6.25.2021

Contractor Personnel on Site:

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

Service Calls - Service Call Number and Description

1. Remove and Replace Liquid level sensor
2. Checked good
3. _____

WO # 14353 CSS # 30785

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Brian Davis

Date: 6.25.2021

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: CPT. Lyndell Moulton Date: 20210625

Signed: _____

E-Mail: _____

Moulton.Lyndell.ML@Marl.ML

