

CERTIFICATION OF WORK

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

FACID/Building: MD 002 / B2 Date of Visit: 8/3/2021

Contractor Personnel on Site:

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

Service Calls – Service Call Number and Description

- | |
|--|
| 1. <u>A/c error codes / replaced discharge sensors</u> |
| 2. <u>Tested good</u> |
| 3. _____ |

CSS: 30987

WO: 14387

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Brian Davis Date: 8/3/2021
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: Laura Nguyen Date: 26/08/23

Signed: [Signature]

E-Mail: Laura.L.nguyen.civ@mail.mil

following
Heating = 68°F & Cooling





