

CERTIFICATION OF WORK

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

FACID/Building: W060 Date of Visit: 8/31/21

Contractor Personnel on Site:

- |                           |          |
|---------------------------|----------|
| 1. <u>David A. Holian</u> | 4. _____ |
| 2. <u>Will Schelton</u>   | 5. _____ |
| 3. _____                  | 6. _____ |

WO# 12973 C# 1422  
Service Calls - Service Call Number and Description

- |                              |                       |
|------------------------------|-----------------------|
| 1. <u>change valve combo</u> | <u>lub valve door</u> |
| 2. <u>pm check on plan</u>   | _____                 |
| 3. _____                     | _____                 |

Heavy duty have been to change Benthley  
CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: David A. Holian Date: 8/31/21

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: SSG Tom Wade Date: 8/31/21

Signed: \_\_\_\_\_

E-Mail: \_\_\_\_\_









8-31-21

12-18-8





