

# CERTIFICATION OF WORK

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

FACID/Building: MD 019

Date of Visit: 2/22/2022

Contractor Personnel on Site:

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

Service Calls - Service Call Number and Description

- |   |
|---|
| 1. <u>Replace blower assembly + Midvale</u> |
| 2. <u>fan gas monitoring</u>                |
| 3. _____                                    |

WO # 15388

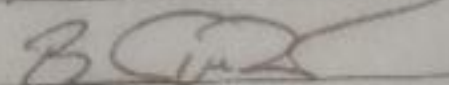
CSS # 33201

## CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Brian Davis

Date: 2/22/2022

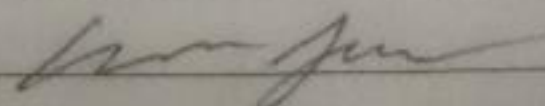
Signed: 

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: SFC with Stake

Date: 20 FEB 22

Signed: 

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



