

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. B. Davis

4. _____

2. _____

5. _____

3. _____

6. _____

Service Calls – Service Call Number and Description

1. Replace blower assembly - Nidval
2. Fan gms monitoring
3. _____

WO #: 15388

CSST #: 33201

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Brian Davis Date: 2/22/2022

Signed: B. Davis

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 S4b Date: 20 FEB 22

Signed: Wm Jm

E-Mail: _____



