

# CERTIFICATION OF WORK

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

FACID/Building: MD005

Date of Visit: 3/1/2022

Contractor Personnel on Site:

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

Service Calls -- Service Call Number and Description

- Wire new Pump into common Area loop.
- Checked good
- \_\_\_\_\_

WO # \_\_\_\_\_ CSS # \_\_\_\_\_

## CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Huebner Christopher Date: 3/1/22

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: \_\_\_\_\_ Date: \_\_\_\_\_

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

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

