

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

FACID/Building: MD 002 Date of Visit: 4/7/2022

Contractor Personnel on Site:

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

Service Calls – Service Call Number and Description

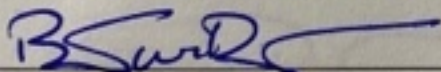
1. BAS system is not controlling DAOS #2. Need
2. Tuition controls
3. _____

WO # 16922 CSS # 35292

CERTIFICATION OF WORK

To be signed by the Contractor:

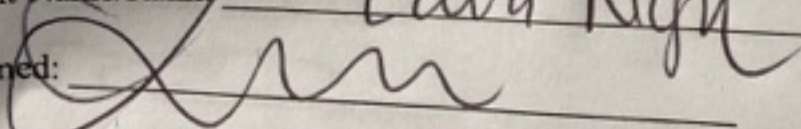
Print Name: Brian Davis Date: 4/7/2022

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: Laura Ngm Date: 4/7/22

Signed: 

E-Mail: _____