

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. B. Davis
2. _____
3. _____
4. _____
5. _____
6. _____

Service Calls – Service Call Number and Description

1. BAS system is not controlling DA05"2. Needs
2. Tuning controls
3. _____

WO # 16922

CSS# 35292

CERTIFICATION OF WORK

To be signed by the Contractor:

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

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: Laura Ngy Date: 4/7/22

Signed: Laura Ngy

E-Mail: lauran@mda.org