

CERTIFICATION OF WORK

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

FACID/Building: MD02

Date of Visit: 9/23/2020

Contractor Personnel on Site:

1. <u>Brian Davis</u>	4. _____
2. <u>Teddy Parker</u>	5. _____
3. <u>Dave</u>	6. _____

Service Calls – Service Call Number and Description

1. <u>Remove & Replace. Chiller. Circuit #/Carts.</u>
2. <u>Cooling coil</u>
3. _____

WC# 12604 CSS# _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Brian Davis Date: 9/23/2020

Signed: Brian 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: _____ Date: _____

Signed: Not Available at time of completion

E-Mail: _____





