

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>Todd Parker</u> | 5. _____ |
| 3. <u>Dave</u> | 6. _____ |

Service Calls - Service Call Number and Description

1. Remove & Replace Chiller Compressor / Coils.
2. Crack seal
3. _____

WO# 12604 CSS# _____

CERTIFICATION OF WORK

To be signed by the Contractor:

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

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: Not Available @ time of completion

E-Mail: _____



ATTENTION
DO NOT OPERATE EQUIPMENT
UNLESS YOU ARE TRAINED
AND CERTIFIED TO DO SO.
SEE INSTRUCTIONS FOR
SAFETY INFORMATION.
2-MI
YOM V





CAUTION
ATTENTION
2-M1
V

1-M2