

CERTIFICATION OF WORK

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

FACID/Building: MD 016 Date of Visit: 10/16/18

Contractor Personnel on Site:

- |                          |          |
|--------------------------|----------|
| 1. <u>Brian Davis</u>    | 4. _____ |
| 2. <u>Jim Moltz</u>      | 5. _____ |
| 3. <u>Ron Monterroza</u> | 6. _____ |

Service Calls – Service Call Number and Description

- |  |
|--|
| 1. <u>Trouble shoot air handler, Controls.</u> |
| 2. <u>WO 5987</u>                              |
| 3. _____                                       |

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CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

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: X SGT Jeshig S. Contreras Date: \_\_\_\_\_

Signed: X [Signature] Cpt, SGT

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