

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. _____

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 Tesha S. Contreras Date: _____

Signed: X Jill Cat, SGT

E-Mail: _____