

CERTIFICATION OF WORK

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

FACTID/Building: MD 019

Date of Visit: 10/21/2020

Contractor Personnel on Site:

1. Brian Davis
2. _____
3. _____
4. _____
5. _____
6. _____

Service Calls – Service Call Number and Description

1. Balcon Inspection
2. _____
3. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Brian Davis Date: 10/21/2020

Signed: Brian Davis

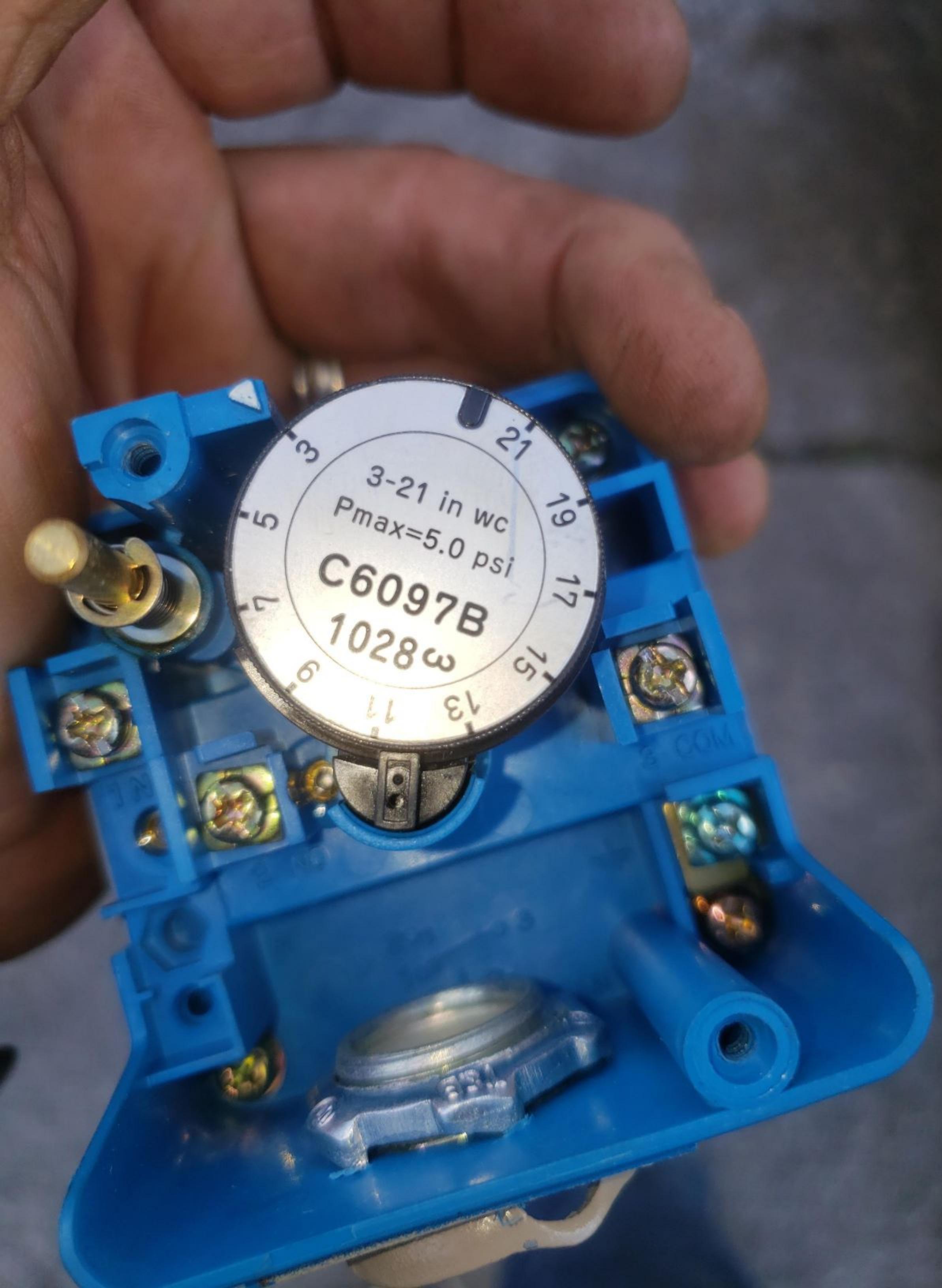
To be signed by Facility Manager:

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: h. M. Shultz SFC Date: 21 OCT 20

Signed: h. M. Shultz

E-Mail: _____



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Pmax=5.0 psi

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