

**CERTIFICATION OF WORK**  
(To be completed by the Contractor and saved in the Contractor's CMMS)

FACID/Building: MD021 Date of Visit: 2/8/22

Contractor Personnel on Site:

1. James Harris 2. \_\_\_\_\_

**Work Performed:**

**Preventive Maintenance** - Services Completed (Annual, Quarterly, Monthly, equipment identification, etc.)

1. WO#16394 asset201 water treatment

**Service Calls** – Service Call Number and Description

1. CSS#\_\_\_\_\_
2. CSS#\_\_\_\_\_
3. CSS#\_\_\_\_\_

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**CERTIFICATION OF WORK**

To be signed by the Contractor:

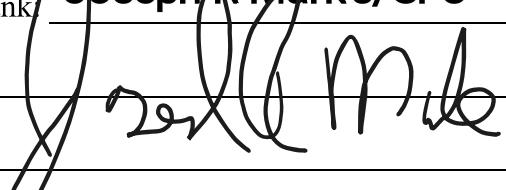
Print Name: James Harris Date: 2/8/22

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: Joseph R Mark's/SFC Date: 2/8/22

Signed: 

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