

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

FACID/Building: MD 666

Date of Visit: 12-10-2020

Contractor Personnel on Site:

- | | |
|-----------------------|----------|
| 1. <u>BRIAN DAVIS</u> | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

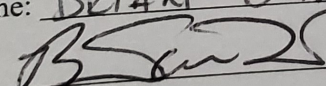
Service Calls – Service Call Number and Description

1. Wo 13315 vibrations in Air handler.
2. belts needed to be replaced
3. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: BRIAN DAVIS Date: 12-16-2020

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: _____

Date: 10-12-2020

Signed: _____

E-Mail: _____



