

CERTIFICATION OF WORK

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

FACID/Building: PA 001 -07 Date of Visit: 9/12/19

Contractor Personnel on Site:

- | | |
|-----------------------|----------|
| 1. <u>Tony Luzzan</u> | 4. _____ |
| 2. <u>Jim Geertz</u> | 5. _____ |
| 3. _____ | 6. _____ |

Work Performed:

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

- | | |
|-----------------|-------|
| 1. <u>10241</u> | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jim Geertz Date: 9-17-19

Signed: [Signature]

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: SGT Francis Jane Date: 17 Sep 19

Signed: [Signature]

E-Mail: