

CERTIFICATION OF WORK

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

FACID/Building: PA166 Date of Visit: 9-19-2018

Contractor Personnel on Site:

- | | |
|--------------------------|----------|
| 1. <u>Larry Stallard</u> | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Work Performed:

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

1. _____
2. _____
3. _____
4. _____

Inspection, Testing, and Certification

1. _____
2. _____
3. _____
4. _____

Other Recurring Services

1. _____
2. _____
3. _____
4. _____

Service Calls – Service Call Number and Description

1. Dispatch #119049
2. CSS # 15449
3. CMI Order #5795

Over and Above Repair Work – Order Number and Description of Work Completed

___ Properly cleaned and sealed the open laps with new elastomeric dymonic caulking according to manufacturer's recommendations.

___ Overlaid the area to manufacturer and roofing industry standards.

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Amy Meehan _____ Date: 12-19-2018 _____

Signed: Amy Meehan

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: _____ NA _____ Date: _____

Signed: _____ NA _____

E-Mail: _____ NA _____