

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

FACID/Building: P-193

Date of Visit: 8/12/19

Contractor Personnel on Site:

- |                       |          |
|-----------------------|----------|
| 1. <u>Tony Lemos</u>  | 4. _____ |
| 2. <u>Dr. Grestin</u> | 5. _____ |
| 3. _____              | 6. _____ |

Work Performed:

Other Recurring Services

- |                 |       |
|-----------------|-------|
| 1. <u>16711</u> | _____ |
| 2. _____        | _____ |
| 3. _____        | _____ |
| 4. _____        | _____ |

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Tony Lemos

Date: 8/12/19

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: K. Myslinski

Date: 9/17/19

Signed: K. Myslinski

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