

CERTIFICATION OF WORK

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

FACID/Building: MD021

Date of Visit: 10-24-18

Contractor Personnel on Site:

- | | |
|-----------------------|----------|
| 1. <u>Jim Moltz</u> | 4. _____ |
| 2. <u>Pat Donovan</u> | 5. _____ |
| 3. _____ | 6. _____ |

W/ 5902-03-04X-05

Service Calls – Service Call Number and Description

- | |
|--|
| 1. <u>inspected boilers 1, 2, 3, and 4</u> |
| 2. _____ |
| 3. _____ |

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: JAMES MOLTZ

Date: 10-24-18

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: MSgt Jennifer

Date: 24 OCT 18

Signed: [Signature]

E-Mail: jennifer.m.cintron.mil@mail.mil