

CERTIFICATION OF WORK

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

FACID/Building: MD066 Date of Visit: 8/10/20

Contractor Personnel on Site:

- | | |
|---------------------------|----------|
| 1. <u>Patrick Donovan</u> | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Service Calls – Service Call Number and Description

- | | |
|-------------------|---|
| 1. <u>W012607</u> | <u>Condensate pump is good.</u> |
| 2. _____ | <u>Found 5 inch patch of insulation</u> |
| 3. _____ | <u>missing in duct work creating</u> |
| | <u>condensation to fall on ceiling</u> |
| | <u>tile. Dried off duct and patched</u> |
| | <u>with new insulation. Replaced</u> |

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Patrick Donovan Date: 8/10/20

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: MSG Robert R Jackman-Gordon Date: 8/10/20

Signed: 

E-Mail: _____

