

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:

Patrick Donovan

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Service Calls – Service Call Number and Description

1. WO12607 Condensate pump is good.
2. _____ Found 5 inch patch of insulation
3. _____ missing in duct work creating
4. _____ condensation to fall on ceiling
5. _____ tile. Dried off duct and patched
6. _____ with new insulation. Replaced

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: 

