

CERTIFICATION OF WORK

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

FACID/Building: VA002

Date of Visit: 2/23/21

Contractor Personnel on Site:

- | | |
|-------------------------|----------|
| 1. <u>Josh Stephens</u> | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Service Calls - Service Call Number and Description

- | |
|---|
| 1. <u>Backflow testing 2</u> |
| 2. <u>- Asset # 1343 BFP # 01 Ser # 70440 3/4"</u> |
| 3. <u>- Asset # 1342 BFP # 01 Ser # 318075 3/4"</u> |

WO # 13499 CSS # _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Josh Stephens Date: 2/23/21

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: User, Evan SSG Date: 20210223

Signed: [Signature]

E-Mail: evan.n.user.mil@mail.mil