

CERTIFICATION OF WORK

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

FACID/Building: VA 099 1SG Date of Visit: 8/6/20

Contractor Personnel on Site:

- | | |
|-------------------------|----------|
| 1. <u>Daryush Abolm</u> | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

WO# 12567

CSS# 1428 - 1435

Service Calls – Service Call Number and Description

1. pm. chg on plan
2. door valve contact chng
3. test motion (#5) test beeper and hold up - cheng B. King

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Daryush Abolm Date: 8/6/20

Signed: D. Abolm

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: _____ Date: _____

Signed: _____

E-Mail: _____

