

**CERTIFICATION OF WORK**

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

FACID/Building: **md066** Date of Visit: **6/3/20**

Contractor Personnel on Site:

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

**Service Calls – Service Call Number and Description**

- |                                       |       |
|---------------------------------------|-------|
| 1. <b>25383. WO#12333</b>             | _____ |
| 2. <b>cleaned all aerators on all</b> | _____ |
| 3. <b>faucets.</b>                    | _____ |

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**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: **Patrick Donovan** Date: **6/3/20**

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: **Ken Augustine** Date: **6/3/20**

Signed:  \_\_\_\_\_

E-Mail: \_\_\_\_\_