

**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:

**Patrick Donovan**

1. _____	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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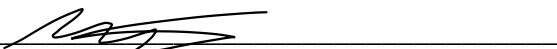
To be signed by the Contractor:

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: \_\_\_\_\_