

CERTIFICATION OF WORK

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

FACID/Building: MD005 Date of Visit: 7/9/2020

Contractor Personnel on Site:

- | | |
|-------------------------|----------|
| 1. <u>Keith Pearson</u> | 4. _____ |
| 2. <u>Scott Segit</u> | 5. _____ |
| 3. _____ | 6. _____ |

Service Calls – Service Call Number and Description

- | |
|--|
| 1. <u>WO#12453</u> |
| 2. <u>provided & installed chain 3 locks</u> |
| 3. <u>for Gate</u> |

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Scott Segit Date: 7/9/2020
Signed: Scott Segit

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: No personnel available for signature

E-Mail: Facility is currently abandoned