

CERTIFICATION OF WORK

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

FACID/Building: Rockville MD021 Date of Visit: Thurs. 7/22/21

Contractor Personnel on Site:

- | | |
|-------------------------|------------------------------|
| 1. <u>Kenneth Stahl</u> | 4. <u>CSS#31521 WO#14546</u> |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Service Calls – Service Call Number and Description

1. ESI #1819
2. Replaced damaged Reader with new at the Drill
3. Hall Door

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Kenneth Stahl Date: 7/22/21

Signed: Kenneth Stahl

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 at the

E-Mail: time of departure