

CERTIFICATION OF WORK

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

FACID/Building: MD002

Date of Visit: 10/10/2021

Contractor Personnel on Site:

- | | |
|--------------------|----------|
| 1. <u>B. Davis</u> | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Service Calls – Service Call Number and Description

- | |
|-------------------------------------|
| 1. <u>Boiler #1 + 2' PM service</u> |
| 2. _____ |
| 3. _____ |

WO # 15033, 15034

CS # _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Brian Davis

Date: 10/10/2021

Signed: [Signature]

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: Laura. Nguyen

Date: 2021/10/10

Signed: [Signature]

E-Mail: Laura.L.nguyen.civ@mail.mil



