

CERTIFICATION OF WORK

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

FACID/Building: MD019

Date of Visit: 10/7/2021

Contractor Personnel on Site:

1. B. DAVIS

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

Service Calls -- Service Call Number and Description

1. HWB-1,2,3 boiler PM

2. \_\_\_\_\_

3. \_\_\_\_\_

WO # 15068, 15085

CSS # \_\_\_\_\_

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: BRIAN DAVIS

Date: 10/7/2021

Signed: BSW

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: JASON GAVIN AFOS

Date: 10/7/21

Signed: Jason Gavin

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







