

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

FACID/Building: MD 19 Date of Visit: 9-16-2020

Contractor Personnel on Site:

1. Brian Davis 4. _____
2. _____ 5. _____
3. _____ 6. _____

Service Calls – Service Call Number and Description

1. Installed 2 thermostats and programmers
2. Installation and operation checked
3. good

WO# 12585 CSS# 20811

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Brian Davis Date: 9-16-2020

Signed: Brian Davis

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: W. D. Shaffer, SPC Date: 16 SEP 20

Signed: W. D. Shaffer

E-Mail: w.d.shaffer2.mil@mail.mil



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