

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. <u>Brian Davis</u> | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Service Calls – Service Call Number and Description


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

WO# 12585 CSS# 20811

CERTIFICATION OF WORK

To be signed by the Contractor:

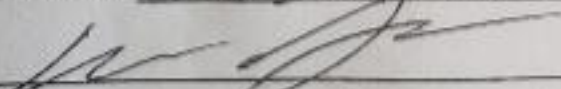
Print Name: Brian Davis Date: 9-16-2020

Signed: 

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: William S. Smith SR Date: 16 Sep 20

Signed: 

E-Mail: William.S.Smith2.mil@nsa.mil





USE COPPER
CONDUCTORS ONLY
EMPLOYER
CUIVRE SEULEMENT
PX-43-0818

