

CERTIFICATION OF WORK

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

FACID/Building: MD 05

Date of Visit: 11/3/2020

Contractor Personnel on Site:

1. Brian Davis

4. _____

2. _____

5. _____

3. _____

6. _____

Service Calls -- Service Call Number and Description

1. Heat turn on and circuits turned off

2. _____

3. _____

WO# 12890 CSS# 26926

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Brian Davis

Date: 11/3/2020

Signed: [Signature]

To be signed by Facility Manager:

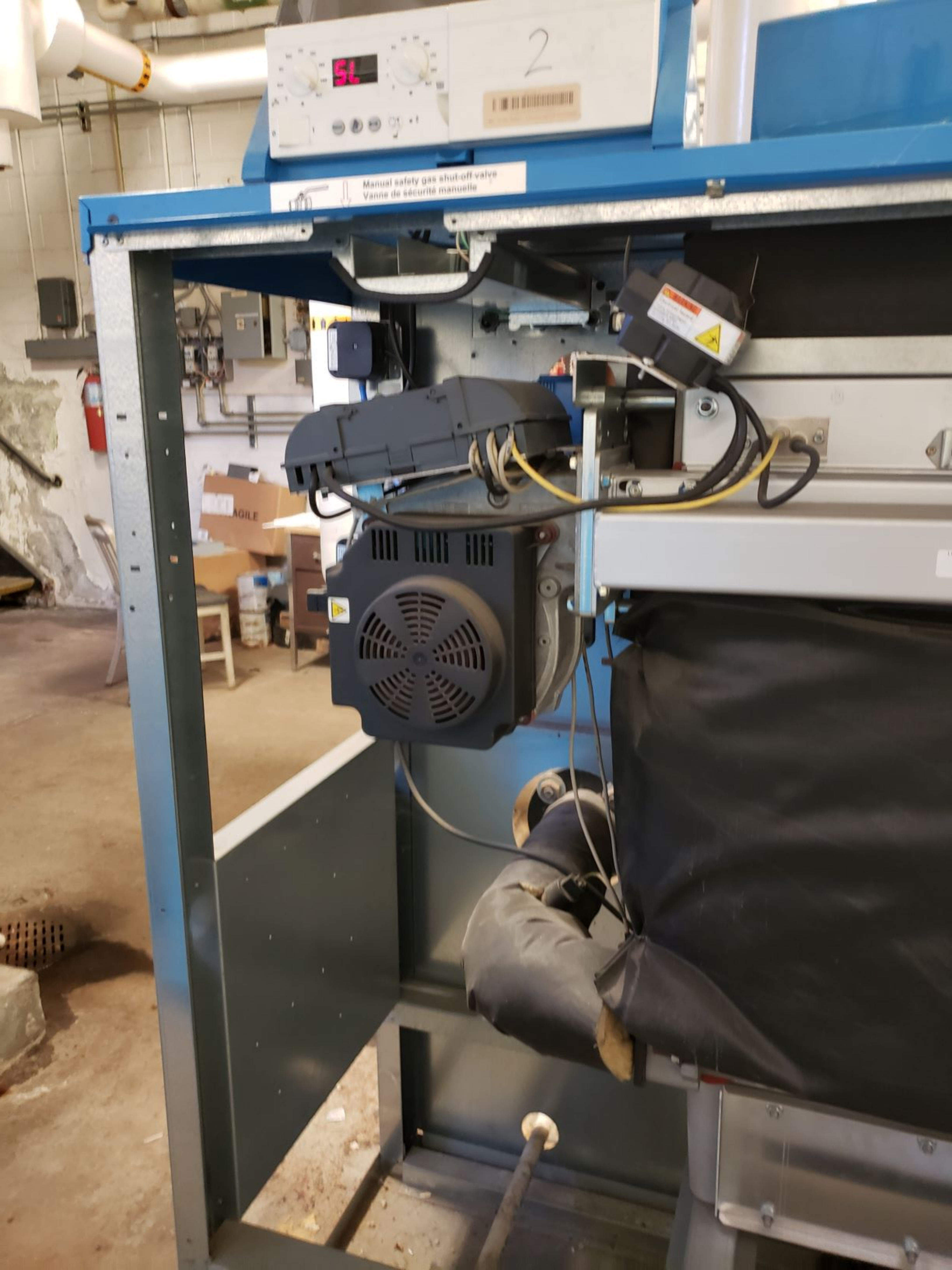
By signing the Certification of Work, the said government representative signature does not constitute acceptance of any work performed by the contractor, it only acknowledges that the contractor was on-site during the identified timeline:

Print Name/Rank: Huebler C

Date: 11/3/20

Signed: [Signature]

E-Mail: christopher.s.huebler@dre mail.azil



2

Manual safety gas shut-off valve
Vanne de sécurité manuelle

AGILE

