

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

FACID/Building: MD 02

Date of Visit: 2/24/2021

Contractor Personnel on Site:

1. Brian Davis
2. Eric
3. _____

4. _____
5. _____
6. _____

Service Calls – Service Call Number and Description

1. Compressor replacement. Installer checked good
2. _____
3. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Brian Davis

Date: 2/24/2021

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: _____ Date: _____

Signed: N/A

E-Mail: _____





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