

**CERTIFICATION OF WORK
SERVICE CALL**

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

FACID/Building: MD 013 Date of Visit: 4/21/2022

Contractor Personnel on Site:

- | | |
|--------------------|----------|
| 1. <u>B. Davis</u> | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Service Call Number

CSS# 34090 WO# 15972

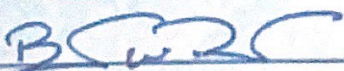
Description of Repairs

Install high gas pressure switch to system.
Installed new switch and set to 12" wc

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Brian Davis Date: 4/21/2022

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: 2LT Voss Date: 21 April 22

Signed: 

E-Mail: Katy.I.Voss.mil