

**CERTIFICATION OF WORK
SERVICE CALL**

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

FACID/Building: MD 066 Date of Visit: 3/24/2022

Contractor Personnel on Site:

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

Service Call Number

CSS# 34744 WO# 16765

Description of Repairs

Removed and Replaced fan motor and
checked operation heater checked good.

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: BRIAN DAVIS Date: 3/24/2022

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: _____ Date: _____

Signed: _____

E-Mail: _____