

CERTIFICATION OF WORK
SERVICE CALL

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

FACID/Building: WV041 Date of Visit: 2-14-19

Contractor Personnel on Site:

- | | |
|--------------------------|----------|
| 1. <u>Justin ZAVACKY</u> | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Service Call Number

CSS# _____ WO# _____

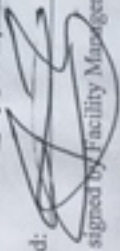
Description of Repairs

Call for no heat in upper building.
tested 3 way valve and actuator - found
clogged strainer, also blew out coil and
drain.

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Justin ZAVACKY Date: 2-14-19

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: SGT Kammiak, Matthew Date: 14 Feb 2019

Signed: 

E-Mail: _____



