

CERTIFICATION OF WORK
SERVICE CALL

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

FACID/Building: WV007 Date of Visit: 6-18-24

Contractor Personnel on Site:

- | | |
|--------------------------|----------|
| 1. <u>James Starcher</u> | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Service Call Number

CSS# 98171 WO# 15850

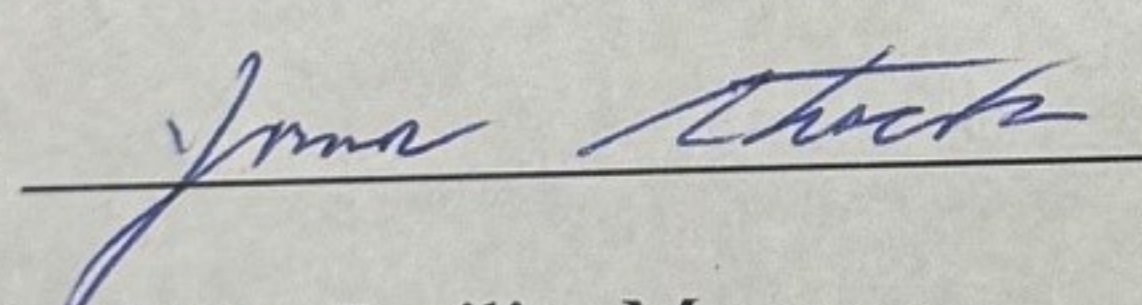
Description of Repairs

Added gas to 18⁵ to cfm 2 raised sub cool
to 18°

CERTIFICATION OF WORK

To be signed by the Contractor:

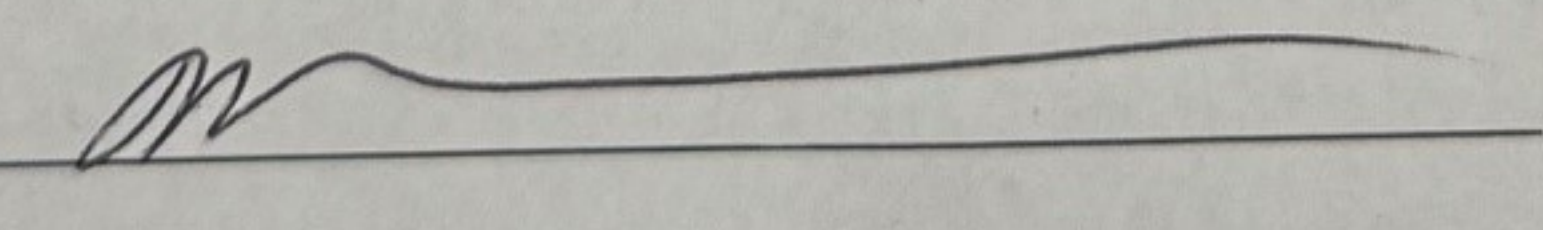
Print Name: James Starcher Date: 6-18-24

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: MICHAEL MODICK Date: 20240618 KL

Signed: 

E-Mail: _____