

**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. James Starcher
2. _____
3. _____
4. _____
5. _____
6. _____

Service Call Number

CSS# 98171 WO# 15850

Description of Repairs

*Added gas to coil 2 raised Sub cool
to 18°*

CERTIFICATION OF WORK

To be signed by the Contractor:

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

Signed: James Starcher

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 MODACK Date: 20240618

Signed: M

E-Mail: _____