

**CERTIFICATION OF WORK
SERVICE CALL**

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

FACID/Building: USARC southridge Date of Visit: 10-21-24

Contractor Personnel on Site:

- | | |
|-------------------------|----------|
| 1. <u>Luke crowder</u> | 4. _____ |
| 2. <u>Austin Romaca</u> | 5. _____ |
| 3. _____ | 6. _____ |

Service Call Number

CSS# 98180 WO# 211047

Description of Repairs

~~Replaced mini split condensing unit~~ _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Luke crowder Date: 10-24-24

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: Thomas Mcburney Date: 10/24/24

Signed: 

E-Mail: _____