

CERTIFICATION OF WORK SERVICE CALL

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

FACID/Building: _____ Date of Visit: _____

Contractor Personnel on Site:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Service Call Number

CSS# _____ WO# _____

Description of Repairs



CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: _____ Date: _____

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: _____

CASTO TECHNICAL SERVICES, INC.

SERVICE REPORT

DATE 01/01/2024 ARRIVAL TIME 2:21 pm DEPARTURE TIME 10:00 pm JOB/TCK. NO. 214926

DEPARTURE TIME _____ JOB/TCK. NO. 214920

JOB/TCK. NO. 214926

CUSTOMER P.O. NO. CSS 98908

JOB NAME/LOCATION USARC - Grafton WV014

SERVICE REQUESTED

Manufacturer: Wilkins-Zurn
Model#: 975XL2
Serial#: ABB48727

| Refrigerant Added: | Qty | lb | oz | TYPE |
|----------------------|-----|----|----|------|
| Refrigerant Removed: | Qty | lb | oz | TYPE |

- Leak Tested
- Leak Found
- Leak Repaired

Method: _____

Total Charge: _____

WORK PERFORMED/UNIT INFO.

pressure. Will quote this repair out.

NATURE OF WORK

Regular Service _____

Quoted Service _____

Start-up/Warranty _____

SPD _____

Contract Service _____

Energy Management _____

PARTS, MATERIALS AND SUBCONTRACTED SERVICES

SUMMARY OF TIME

JOB COMPLETE

YES _____ NO _____ EXPLAIN _____

SIGNATURE _____

Customer Representative