

## CERTIFICATION OF WORK SERVICE CALL

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

FACID/Building: DE002 Date of Visit: 4/16/19

Contractor Personnel on Site:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

Service Call Number

CSS# 18184 WO# 8400

Description of Repairs

No repair made, checked for proper operation of indirect water heater. Long wait time is due to no recirc. system on domestic hot side

## CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jacobe Peet Date: 4/16/19

Signed: Jacobe Peet

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: Hector G. Castellanos Date: 2019/4/16

Signed: Hector G. Castellanos

E-Mail: \_\_\_\_\_

