

**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. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 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: Jacobs Peel Date: 4/16/19

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

Signed: \_\_\_\_\_

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

