

**CERTIFICATION OF WORK
SERVICE CALL**

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

FACID/Building: _____ Date of Visit: 04-08-25

Contractor Personnel on Site:

- | | |
|------------------------------|----------|
| 1. <u>Christopher Wooten</u> | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Service Call Number

CSS# _____ WO# 215522

Description of Repairs

Replaced combustion Blower in boiler 1

CERTIFICATION OF WORK

To be signed by the Contractor:


Print Name: Christopher Wooten Date: 04-08-25

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: 20250414

Signed: 

E-Mail: _____