

**CERTIFICATION OF WORK
SERVICE CALL**

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

FACID/Building: NY030 Date of Visit: 6/29/25

Contractor Personnel on Site:

- | | |
|------------------------|----------|
| 1. <u>KEITH DEBOLT</u> | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Service Call Number

CSS# 98096 WO# 16661

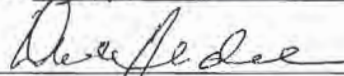
Description of Repairs

INSTALL PRESSURE GAUGES, INSPECT CONDENSER &
EVAPORATOR FLOW & OPERATION

CERTIFICATION OF WORK

To be signed by the Contractor:

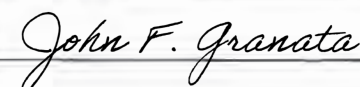
Print Name: DAVE HENDER Date: 6/29/25

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: John F. Granata AFOS _____ Date: 07/31/2025

Signed: 

E-Mail: john.f.granata.ctr@army.mil

