

CERTIFICATION OF WORK
SERVICE CALL

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

FACID/Building: Pao 51-19402 Date of Visit: 1-24-17

Contractor Personnel on Site:

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

Service Call Number

CSS# 17317 WO# _____

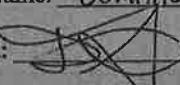
Description of Repairs

Was unable to pinpoint reason for unit tripping I recommend replacing unit. Cleaned unit & coil

CERTIFICATION OF WORK

To be signed by the Contractor:

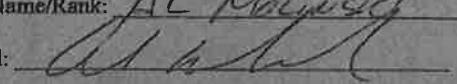
Print Name: Dominic Stango Date: 1-24

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: AL Moyer Date: 1-24

Signed: 

E-Mail: _____

