

**CERTIFICATION OF WORK
SERVICE CALL**

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

FACID/Building: Pa051-19402 Date of Visit: 1-24-17

Contractor Personnel on Site:

- | | |
|--------------------------|----------|
| 1. <u>Dominic Stango</u> | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 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 M...ing Date: 1-24

Signed: 

E-Mail: _____

