

**CERTIFICATION OF WORK
SERVICE CALL**

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

FACID/Building: WV014 Date of Visit: 10/30/23

Contractor Personnel on Site:

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

Service Call Number

CSS# 94515 WO# 13649

Description of Repairs

Labor and material to a.) replace the indirect fire water heater with a (Weil - Mclain 633 - 600 - 004 Aqua Plus)

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Karlee Demain Date: 11/30/23

Signed: Karlee Demain

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: Jennifer A Bailie Date: 11/30/2023

Signed: Jennifer A Bailie

E-Mail: jennifer.a.bailie.ctr@army.mil