

**CERTIFICATION OF WORK  
SERVICE CALL**

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

FACID/Building: WV006 Date of Visit: 04-08-25

Contractor Personnel on Site:

1. Christopher Wooten
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

**Service Call Number**

CSS# 2965992 WO# \_\_\_\_\_

**Description of Repairs**

Replaced combustion Blower in boiler 1

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**CERTIFICATION OF WORK**

To be signed by the Contractor:

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

Signed: Chris Wooten

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: T

E-Mail: \_\_\_\_\_