

**CERTIFICATION OF WORK
SERVICE CALL**

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

FACID/Building: WV046 BLDG1

Date of Visit: 3/31/26

Contractor Personnel on Site:

1. Patrick Brown
2. _____
3. _____



Service Call Number

FEMS# 3462641 WO# 21194



Description of Repairs

I removed the old glycol tank and installed a new glycol tank and tested for proper operation. I Repiped the line going to the regulator valve and I replace the regulator valve and I replaced air vents And tested all for proper operation and leaks



CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Patrick Brown Date: 3/31/26

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: Michael Dye Date: 3/31/26

Signed: Michael Dye

E-Mail: _____