

CERTIFICATION OF WORK SERVICE CALL

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

FACID/Building: MD 002 Date of Visit: 6/21/2022

Contractor Personnel on Site:

1. B. Davis
2. _____
3. _____
4. _____
5. _____
6. _____

Service Call Number

CSS# 1135 WO# 17823

Description of Repairs

Glycol pump not working. Cleaned strainer
and check operation all checked good.

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Brian Davis Date: 6/21/2022

Signed: Brian Davis

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: Shatres Finsby CIV. Date: 6/21/2022

Signed: Shatres Finsby

E-Mail: _____

