

CERTIFICATION OF WORK

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

FACID/Building: MD 19 Date of Visit: 8.22.19

Contractor Personnel on Site:

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

Service Calls – Service Call Number and Description

- | |
|---|
| 1. <u>Chiller Insulation after repair</u> |
| 2. _____ |
| 3. _____ |

WO# 10122 CSS: 15509

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Brian Davis Date: 8.22.19

Signed: [Signature]

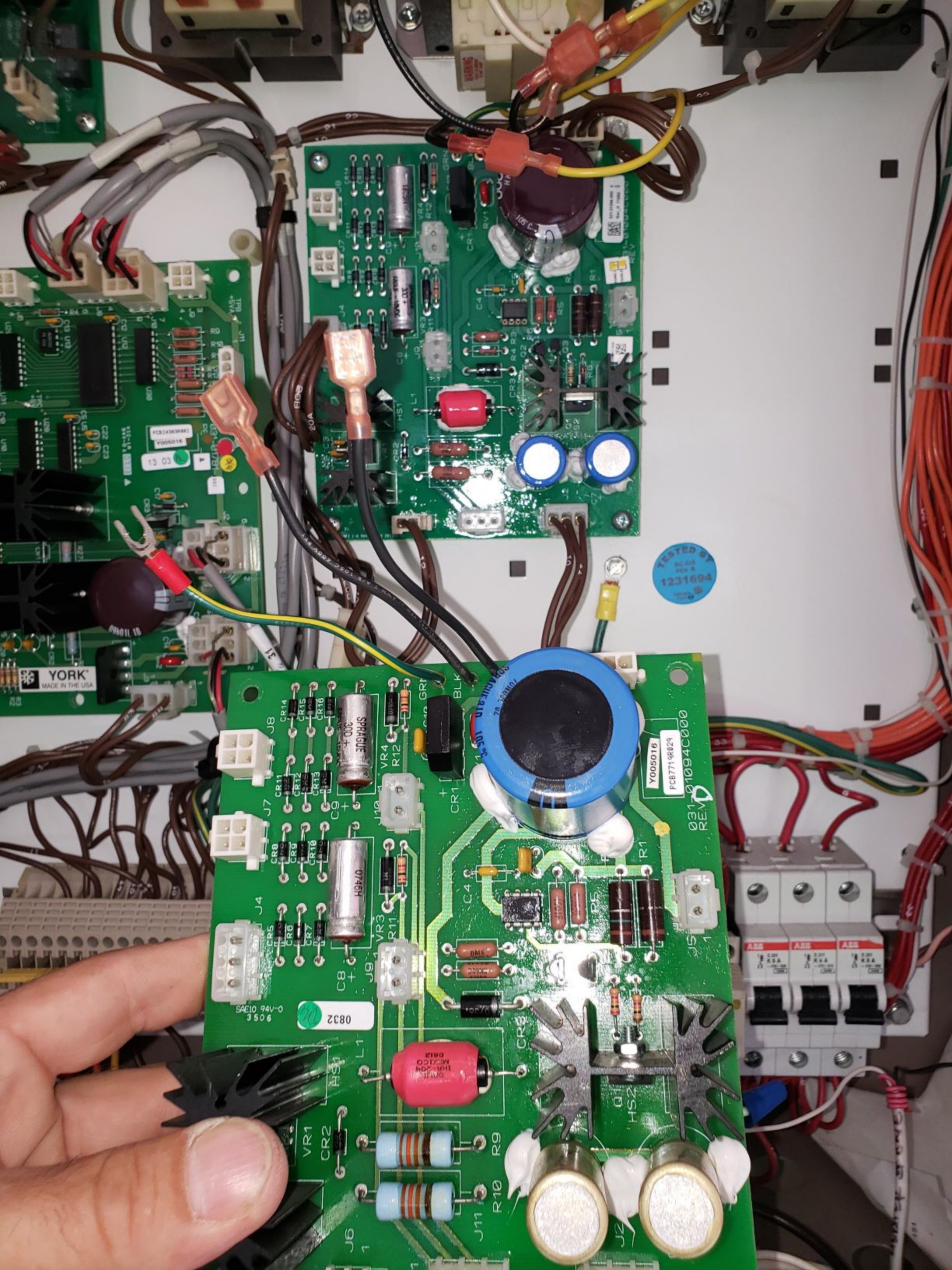
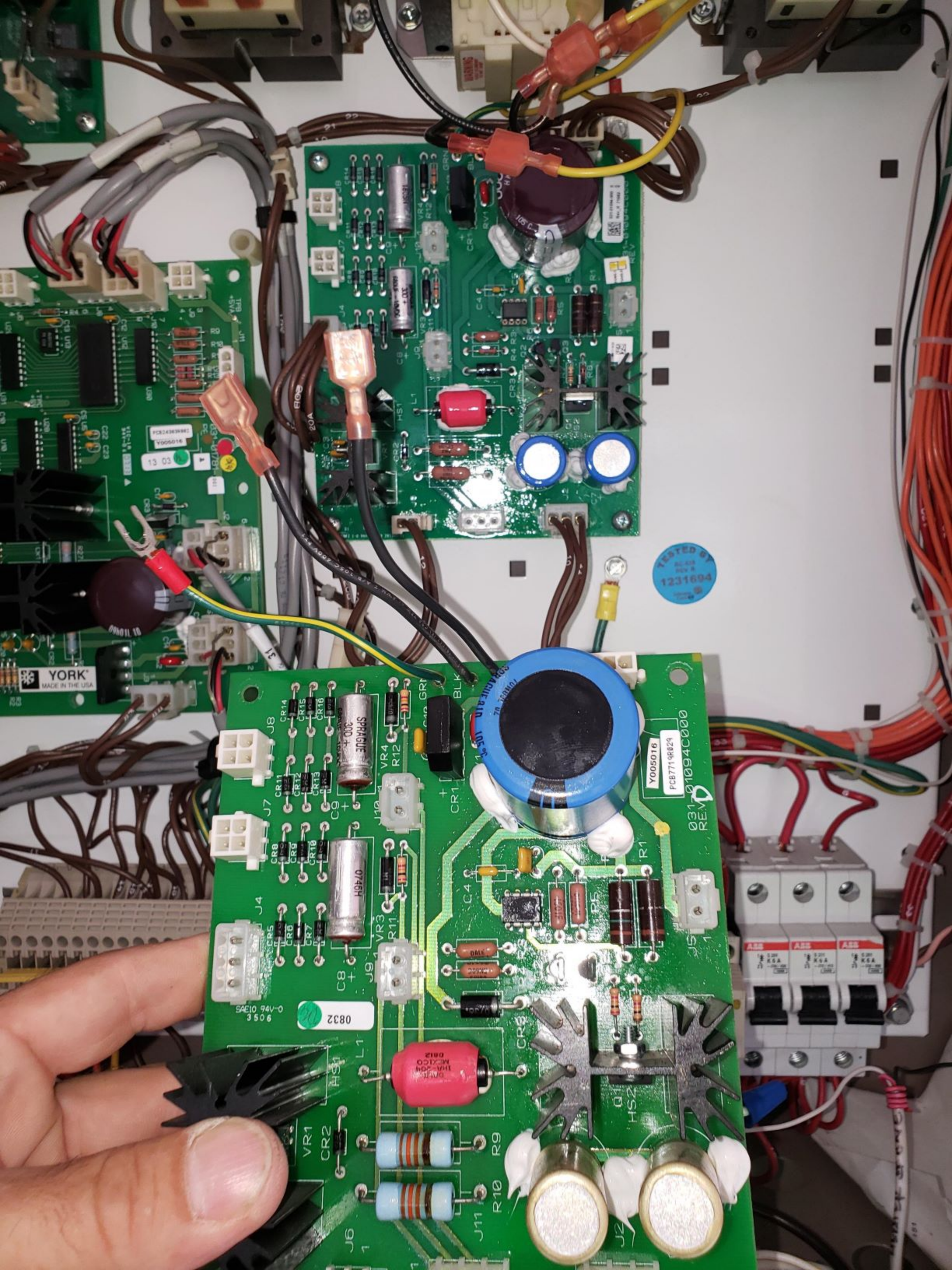
To be signed by Facility Manager:

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: SFC WILLOUGHBY Date: 22 AUG 2019

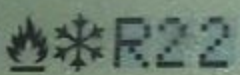

Signed: [Signature]

E-Mail: ryan.m.willoughby3.mil@mail.mil



testo

550

psig  R22 T_{fac} 

30.1°F

Ev

108.7°F

Co

55.1

psi

222.0

psi

Set

R

Mode

Min/Max
Mean

P=0

Esc



testo



*ium*TM Scr

LCHLT = 63.3 °F
RCHLT = 65.7 °F

Entry

1

2

3

ENTER

4

5

6

CANCEL





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Print Name: Brian Davis Date: 8.22.19

Signed: [Signature]

To be signed by Facility Manager:

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Print Name/Rank: SFC WILLOUGHBY Date: 22 AUG 2019

Signed: [Signature]

E-Mail: ryan.m.willoughby3.mil@mail.mil