CERTIFICATION OF WORK
SERVICE CALL

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

FACID/Building: PA062 Date of Visit: 14 JAN 19

Contractor Personnel on Site:

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

Service Call Number

CSS# 166044 WO# 6829

Description of Repairs

MIXTERIZED ACTUATOR NOT OPENING TO HEAT LADIES ROOM RADIATOR. TURNED VALVE TO MANUAL TO HEAT ROOM. UNABLE TO CHANGE ELECTRIC VALVE BECAUSE GATE VALVES IN CEILING WILL NOT CLOSE.

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: JOHN DALY Date: 14 JAN 19

Signed: John Daly

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: Cynthia Coyle AFOS Date: 14 JAN 19

Signed: Cynthia Coyle

E-Mail: _____