

CERTIFICATION OF WORK
SERVICE CALL

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

FACID/Building: PA 209

Date of Visit: 4 Dec 18

Contractor Personnel on Site:

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

Service Call Number

CSS# 46609 WO# 6830

Description of Repairs

DROP, ~~ELBOW~~ ELBOW, AND TRANSITION DOWN-
SPOUT RIPPED FROM GUTTER. HEATING CABLE
EXPOSED - RESECURED ALL ALUMINUM TO
GUTTER WITH RIVETS. EXPOSED HEATING
CABLE THROUGH DOWN SPOUT.

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jordan DALRY Date: 17 DEC 18

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: Cynthia Croyle AFOS Date: 12/17/18

Signed: [Signature]

E-Mail: _____



