

**CERTIFICATION OF WORK
SERVICE CALL**

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

FACID/Building: _____ Date of Visit: _____

Contractor Personnel on Site:

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

Service Call Number

CSS# _____ WO# _____

Description of Repairs

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: _____ Date: _____

Signed: _____

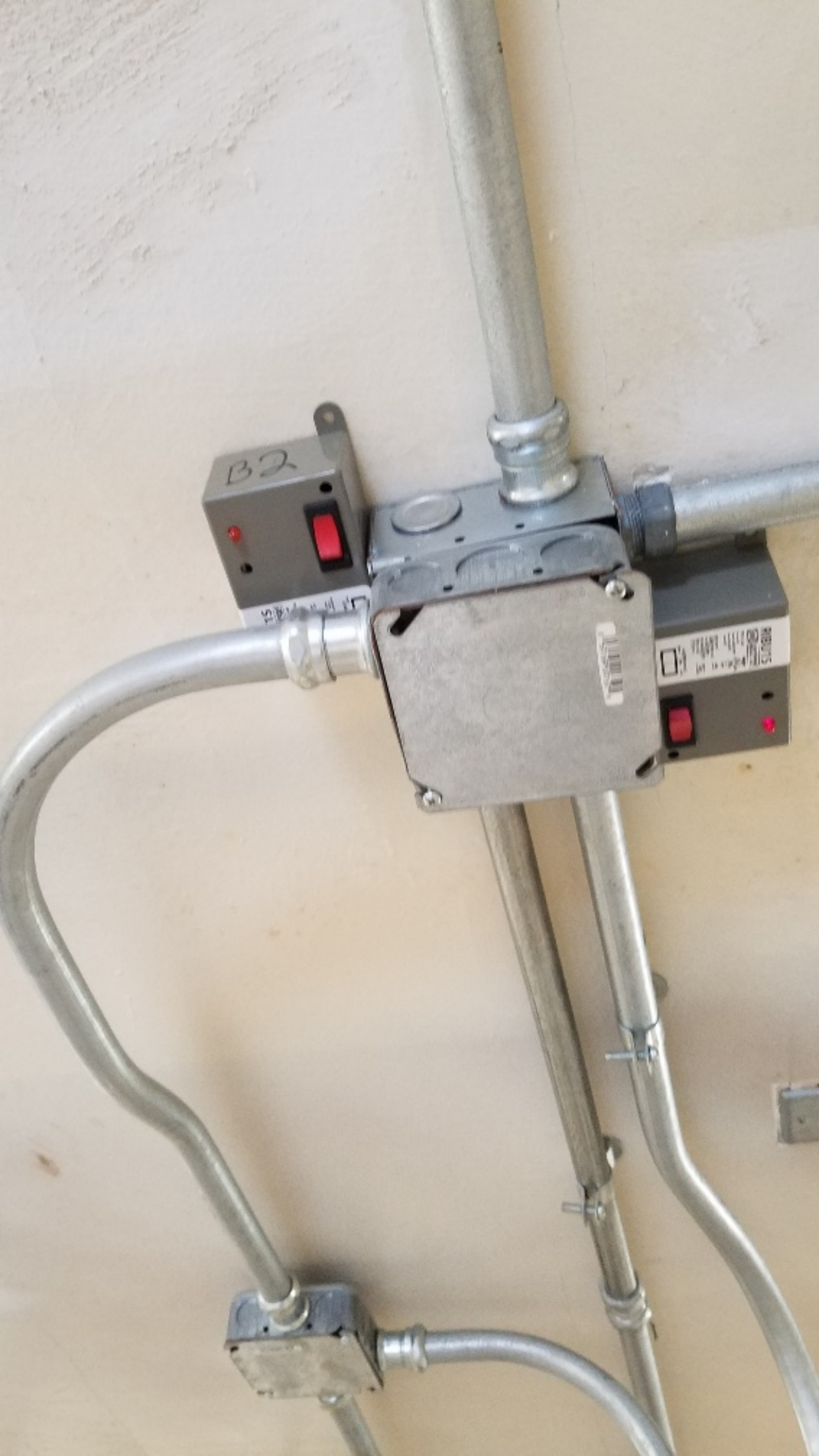
To be signed by Facility Manager:

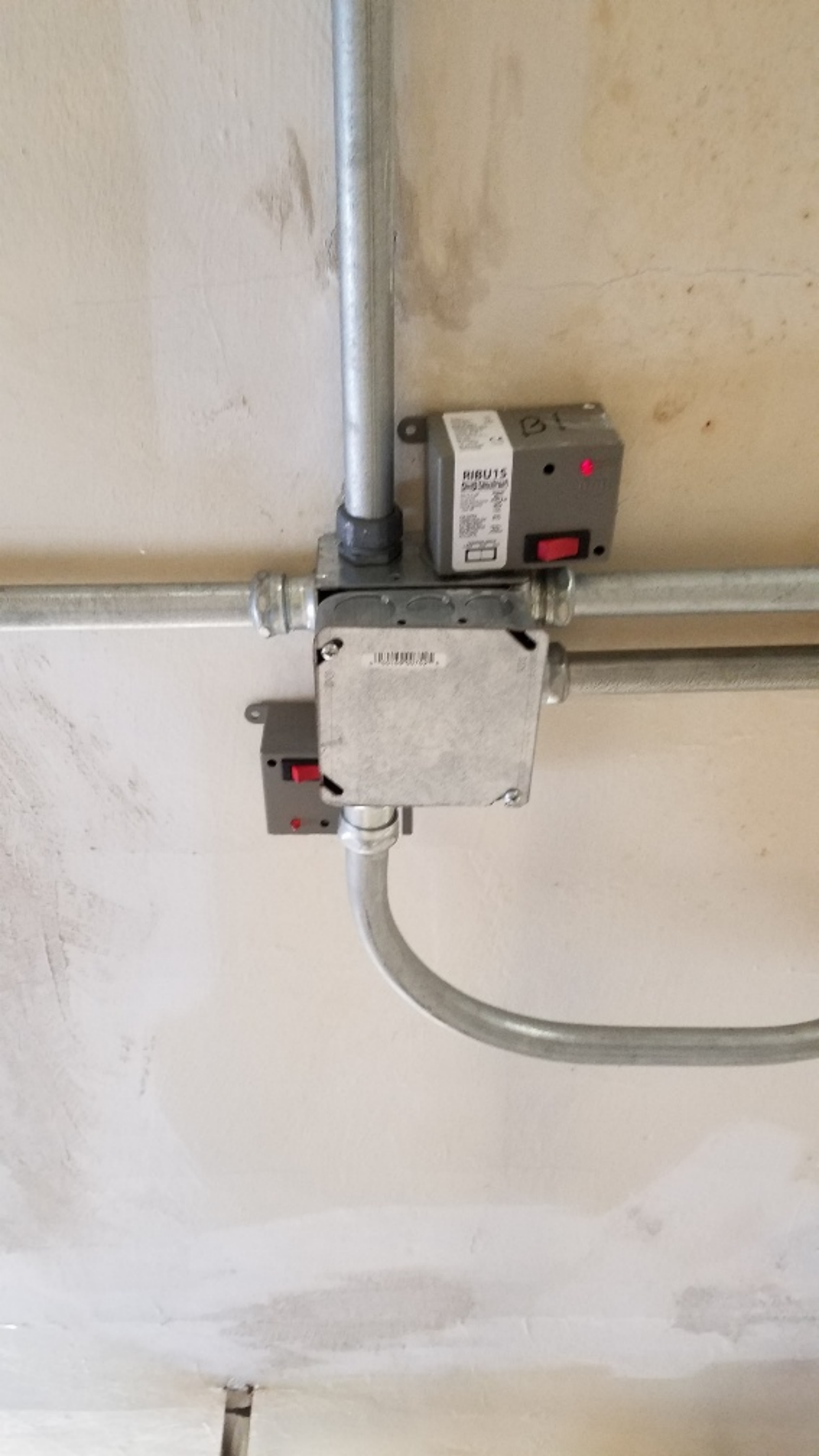
By signing the Certification of Work, the said government representative signature does not constitute acceptance of any work performed by the contractor, it only acknowledges that the contractor was on-site during the identified timeline:

Print Name/Rank: _____ Date: _____

Signed: Cynthia Croyle _____

E-Mail: _____





24

SIEMENS

CU/AL 60/75°C WIRE
AWG 14-10

20

Time BL

25

1F 1W 1M 1Y

CU/AL 60/75°C WIRE
AWG 14-10
IN LBS. 25

28

20

30

SIEMENS

2