

SERVICE CALL CERTIFICATION OF WORK

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

FACID/Building: PA118 Date of Visit: 1/10/2019

Contractor Personnel on Site:

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

Work Performed:

Service Calls – Service Call Number and Description

1. CSS# COW17043 WO# 7178
2. Description of repairs :

Found overload tripped for vac pump/exhaust fan. _____ Reset and checked operation of all burners. _____
Also replaced air filter in office furnace. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

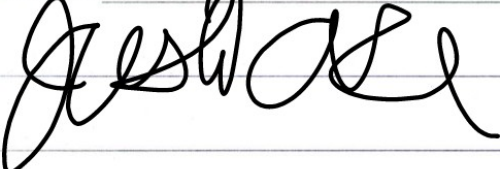
Print Name: Greg Stephenson Date: 1/10/2019

Signed: 

To be signed by Facility Manager or Government Official

I certify that the above named individuals representing the Contractor arrived on site and to the best of my knowledge, completed the stated work listed:

Print Name/Rank: Justin Ace Date: 1/10/2019

Signed: 

E-Mail: _____







