

CERTIFICATION OF WORK  
SERVICE CALL

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

FACID/Building: 2607

Date of Visit: 5-14-19

Contractor Personnel on Site:

1. Brian Davis
2. Jason Gavin
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

Service Call Number

CSS# 8563

WO# 18585

Description of Repairs

Chiller seat replaced -

Charged the system and got it airing. Recovered gas from unit. Charged the system w/ nitrogen to incorporate leak. Performed all operation checks. Work complete.

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Brian Davis Date: 5-14-19

Signed: Brian Davis

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: Jason Gavin AFOS Date: 5/19/19

Signed: Jason Gavin

E-Mail: jason.d.gavin.cdr@mc.usaf.mil







