

CERTIFICATION OF WORK
SERVICE CALL

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

FACID/Building: DE 07

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 not operating -
Charged the system and got it running. Reclaimed gas
from unit. Charged the system w nitrogen to
investigate 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: [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: JASON GAVIN AFOS Date: 5/14/19

Signed: [Signature]

E-Mail: jason.d.gavin.cdr@mc1.mil





PLUMBING CONTRACT

Rooming

1

System

Pressure

Product Supply

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2

Product Supply

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2

Protection Device

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YORK

BY JOHNSON CONTROLS

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