CERTIFICATION OF WORK
SERVICE CALL

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

FACID/Building: MD 03 Date of Visit: 2/4/2020

Contractor Personnel on Site:

1. BRIAN DAVIS
2. CASEY DAVIS
3.
4.
5.
6.

Service Call Number

CSS# _____ WO# 8839

Description of Repairs

Zone 2 A/C replacement

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: BRIAN DAVIS Date: 2/4/2020

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: RODERICK S. DANIELS Date: 4 FEB 2020

Signed:

E-Mail: roderick.s.daniels.civ@mail.mil.


ENERGYGUIDE

H-3 CIR. 6,8

FIREX

SPACEPAK SPEED CONTROL

HEATING (W2)
COOLING (Y2)
HEATING (W1/OB)
COOLING (Y1)
FAN ONLY (G)

STERILAIRE MADE IN USA