

**CERTIFICATION OF WORK  
SERVICE CALL**

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

FACID/Building: VA099 Date of Visit: 11-14-19

Contractor Personnel on Site:

- |                          |          |
|--------------------------|----------|
| 1. <u>BILL DAVIS TWI</u> | 4. _____ |
| 2. _____                 | 5. _____ |
| 3. _____                 | 6. _____ |

**Service Call Number**

CSS# 19447 WO# ~~XXXXXX~~ 9577


**Description of Repairs**

REMOVED BAD BURNER TUBE. CRACK IN BAFFLE.  
INSTALLED NEW ONE. CYCLED HEAT OPERATION (OK)

**CERTIFICATION OF WORK**

To be signed by the Contractor:


Print Name: BILL DAVIS Date: 11-14-19

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: Donald Hanson Date: 14 NOV 19

Signed: 

E-Mail: \_\_\_\_\_

