

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. BILL DAVIS TWI
2. _____
3. _____
4. _____
5. _____
6. _____

Service Call Number

CSS# 19447 WO# 9657xx 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: _____

