

**CERTIFICATION OF WORK  
SERVICE CALL**

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

FACID/Building: MD002 B-2 Date of Visit: 7/24/20

Contractor Personnel on Site:

- |                      |                                 |
|----------------------|---------------------------------|
| 1. <u>Randy Carr</u> | 4. <u>w/ Cummins and Wagner</u> |
| 2. <u>John Brown</u> | 5. _____                        |
| 3. _____             | 6. _____                        |

**Service Call Number**

CSS# 20763 WO# 11579


**Description of Repairs**

Replaced the blow down cylinoid valve and reconfigure  
drain lines to automatic drain.  
\_\_\_\_\_  
\_\_\_\_\_

**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Randy Carr Date: 7/24/20

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: SFC Jason Lamontagne Date: 7/24/20

Signed: 

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

