

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 cylindoid 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

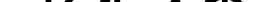
Signed: 

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: 

Signed: 

Signed:

E-Mail:  

