

**CERTIFICATION OF WORK
SERVICE CALL**

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

FACID/Building: DE001 B-1 Date of Visit: 9/30/19

Contractor Personnel on Site:

1. <u>John Brown</u>	4. _____
2. _____	5. _____
3. _____	6. _____

Service Call Number

CSS# 21277 WO# 10642

Description of Repairs

I removed the outer cover and disconnected the drain and
blew out the whole line. Then I reassembled the unit and
tested the unit.

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Johnny W. Brown Date: 9/30/19

Signed: Johnny W. Brown

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: SSG Ron Spates Date: 9/30/19

Signed: Ron Spates

E-Mail: _____

