

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

FACID/Building: DE007 Date of Visit: DEC 19, 2019

Contractor Personnel on Site:

1. CHRIS TROTTER
2. _____
3. _____
4. _____
5. _____
6. _____

Service Calls – Service Call Number and Description

1. TIGHTENED FITTINGS ON CHILLED WATER LINES
2. _____
3. _____

WO# 11255 CSS# 22109

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: CHRIS TROTTER Date: 12/19/19

Signed: Chris Trotter

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: Cox, J. W. MSG Date: 19 DEC 19

Signed: J. W. Cox

E-Mail: j.w.cox1.w@mil.mil

CHILLED WATER RET.

CHILLED WATER

WATER RETURN





CHILLED WATER SUPPLY

CHILLED WATER RET.



HOT WATER RETURN



ED WATER