

**CERTIFICATION OF WORK
SERVICE CALL**

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

FACID/Building: VA 011 Date of Visit: 11-18-19

Contractor Personnel on Site:

- | | |
|--------------------------|----------|
| 1. <u>BILL DAVIS TWI</u> | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Service Call Number

CSS# 22509 WO# 11306


Description of Repairs

FOUND LEAK WAS CONDENSATION FROM GLYCOL LOOP FREEZING.
BOILER PUMP FAILED. NEEDS REPLACED. TURNED SECONDARY PUMP ON THAT IS
SMALLER. IN SITE. FROST WENT AWAY. NEED TO REPLACE PRIMARY PUMP

CERTIFICATION OF WORK

To be signed by the Contractor:


Print Name: BILL DAVIS Date: 11-18-19

Signed: 

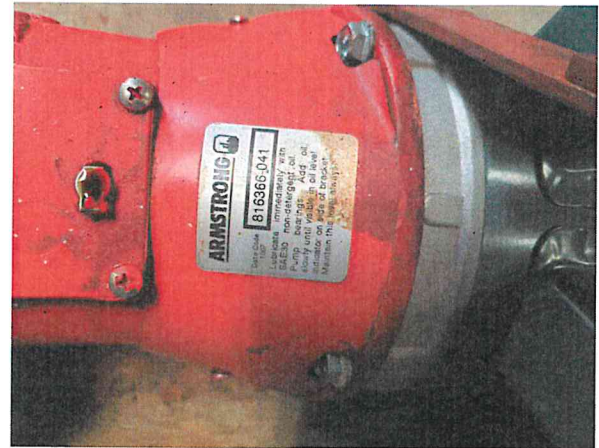
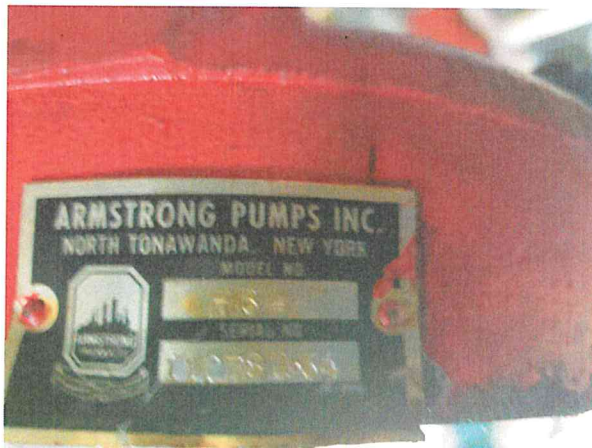
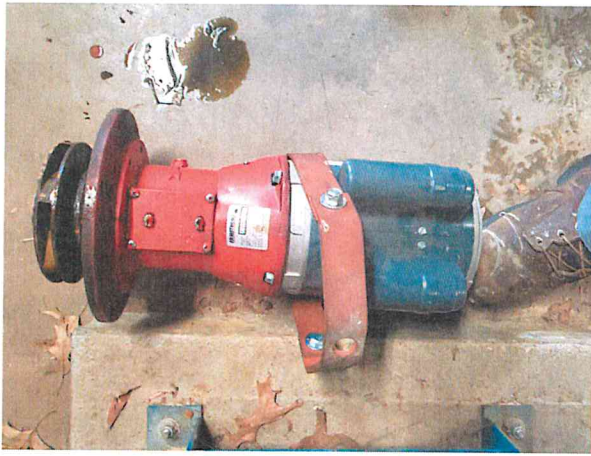
To be signed by Facility Manager:

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: _____ Date: 11-18-19

Signed: 

E-Mail: _____



↑ THIS IS BAD PUMP ↑

THIS IS SECONDARY PUMP. WHY IS IT SMALLER?

