

CERTIFICATION OF WORK SERVICE CALL

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

FACID/Building: VAO Date of Visit: 12.12.19

Contractor Personnel on Site:

1. <u>Richard Walker</u>	4. _____
2. <u>Bill Davis</u>	5. _____
3. _____	6. _____

Service Call Number

CSS# 22559 WO# 11412

Description of Repairs

Removed old circulating pump.
Prepped/cleaned fittings. Installed and
wired new pump. installed correct
hangers. Tested pump: Pump works.
Set to Auto.

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Richard Walker Date: 12.12.19

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: Chris Chipp Date: 12.12.19

Signed: 

E-Mail: _____

