

**CERTIFICATION OF WORK  
SERVICE CALL**

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

FACID/Building: ✓Ao: 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 Chippis Date: 12.12.19

Signed: 

E-Mail: \_\_\_\_\_

