

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

FACID/Building: MDC019 Date of Visit: 12/19/19
Contractor Personnel on Site:

Date of Visit: 12/19/19

Contractor Personnel on Site:

1. S.S. Med.
2. Josh Stephenson
- 3.

4. _____
5. _____
6. _____

Work Performed:

Service Calls – Service Call Number and Description

1. CSS# 22198 WO# 11442

Shut off boilers 1-3 and add a 3/4 union w/ nipple under relief valve so in the future they can be removed. Re attached 1" copper lines that needed to be cut in order to do work.

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Josh Stephenson Date: 19/12/19

Signed: Ed S.

To be signed by Facility Manager or Government Official

I certify that the above named individuals representing the Contractor arrived on site and to the best of my knowledge, completed the stated work listed:

Print Name/Rank: SFC Sycip Josh Date: 19 Dec 19

Signed:

E-Mail:

MODEL M1
NO. 740
SIZE 3/4 IN.

STUDY RATING
925,000

JS
SCHLAFER CO. INC.
0675-13-5C
WILMINGTON,
DEA
WILMINGTON,
DEA

