

## SERVICE CALL CERTIFICATION OF WORK

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

FACID/Building: DE007 Date of Visit: 9/17/20

Contractor Personnel on Site:

1. CHRIS TROTTER
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

### Work Performed:

#### Service Calls – Service Call Number and Description

1. CSS# 22801 WO# 11434
2. Description of repairs :

ADD UNIONS AND REPIPE RELIEF LINE SO VALVE AND PIPE  
CAN BE REMOVED FROM BOILER #1 AND BOILER #2

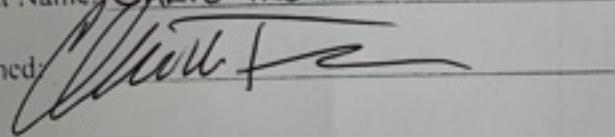
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## CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: CHRIS TROTTER Date: 9/17/20

Signed:

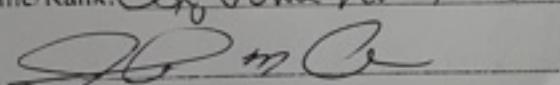


To be signed by Facility Manager or Government Official

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: Cox, John M. MSG Date: 17SEP20

Signed:



E-Mail:

john.m.cox.I.mil@mail.mil



PULSE  
combustion



Fulton

TEST

ON

OFF

PHU

PULSE  
combustion



Fulton

TEST

ON

OFF

TEST

WV NB  
RANGE: DN  
KCAL/Hr:   
DATE:   
CE CRB  
0938 TS 121°C

