

**CERTIFICATION OF WORK
SERVICE CALL**

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

FACID/Building: VA049 Date of Visit: 2.3.20

Contractor Personnel on Site:

- | | |
|--------------------------|----------|
| 1. <u>Richard Walker</u> | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Service Call Number

CSS# 23707 WO# 11952

Description of Repairs

Found Burned 2-Pole contactor/pitted. Bad, start caps.
Bad low Ambient Kits. Removed, picked up
Parts, and installed, Tested for Normal
ops.

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Richard Walker Date: 2.3.20

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: _____

Signed: _____

E-Mail: _____

