

SERVICE CALL CERTIFICATION OF WORK

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

FACID/Building: MD003

Date of Visit: OCT 28, 2020

Contractor Personnel on Site:

1. CHRIS

4. _____

2. _____

5. _____

3. _____

6. _____

Work Performed:

Service Calls – Service Call Number and Description

1. CSS# 25791

WO# 12465

2. Description of repairs :

TEST CONDENSATE PUMP IN ROOM 125 AND MAKE SURE DISCHARGE LINE IS WORKING. CHECKED PUMP IN ROOM 123

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: CHRIS TROTTER

Date: 10/28/20

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: SFC Whithead, Tyke

Date: 2020/10/28

Signed: _____

E-Mail: _____

tyke.g.whithead.mil@mail.mil



