

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
2. _____
3. _____
4. _____
5. _____
6. _____

Work Performed:

Service Calls – Service Call Number and Description

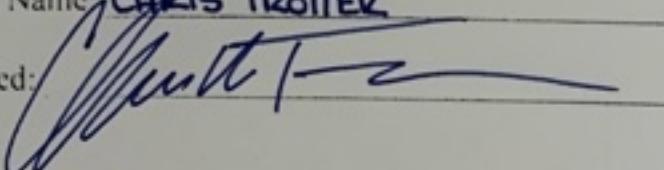
1. CSS# 25791 WO# 12465
2. Description of repairs :

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:

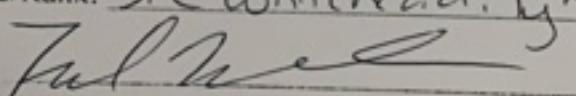
Print Name: CHRIS TROTTER Date: 10/28/20

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 Whitchard, Ty KC Date: 2020/08/22

Signed: 

E-Mail: tykc.q.whitchard.mil@mil.mil



