

**CERTIFICATION OF WORK
SERVICE CALL**

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

FACID/Building: VA099 Date of Visit: 9.10.2020

Contractor Personnel on Site:

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Service Call Number

CSS# 25803 WO# 12467


Description of Repairs

Shut off valves preventing Glycol flow. Removed old Pump/Pipe/ flanges.
Installed New sections of 1.5in Black Pipe Installed new flanges
Installed new Bell & Gossett Pump. Installed 3- Phase motor. opened shut off
Valves. Turned Pump on, tested for power/ operation. Checked for leaks.

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Richard Walker Date: 9.10.2020

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: Don Huson Date: 9.10.2020

Signed: 

E-Mail: _____

