

**CERTIFICATION OF WORK
SERVICE CALL**

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

FACID/Building: VA048 Date of Visit: 12/7/20

Contractor Personnel on Site:

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

Service Call Number

CSS# 26011 WO# 12591

Description of Repairs

removed old ac, installed new ac. ac coil was 4 inches too short, installed new sheet metal to adjoin ductwork.

found additional breaks in line set. repaired line set. installed unit, pulled unit down in vacuum. pressurized with nitrogen. unit is charged. heat works, tested supply temps.

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Richard Walker Date: _____

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: _____

