

**CERTIFICATION OF WORK
SERVICE CALL**

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

FACID/Building: UAC11

Date of Visit: 12/8/20

Contractor Personnel on Site:

- | | |
|---------------------------------|----------|
| 1. <u>Address David Salazar</u> | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Service Call Number

CSS# 27505 WO# 0142371

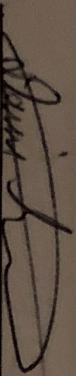
Description of Repairs

unit # 6 found unit, located leak, removed glycol in lines.
removed old leaking fitting, fixed and replaced. Add glycol back
to system. checked for leaks.

CERTIFICATION OF WORK

To be signed by the Contractor:

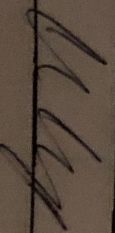
Print Name: David Salazar Date: 12/10/20

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: Chris Chipps Date: 12/8/20

Signed: 

E-Mail: _____