

**CERTIFICATION OF WORK
SERVICE CALL**

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

FACID/Building: VA011

Date of Visit: 12/7/2020

Contractor Personnel on Site:

- | | |
|----------------------------------|----------|
| 1. <u>Moore - Charles Murphy</u> | 5. _____ |
| 2. _____ | 6. _____ |
| 3. _____ | |

Service Call Number

27508
CSS# 270820 WO# COM0142370

Description of Repairs

Checked Unit #12 Reset Transformer
and checked all control wire and found
No short before running will reset
and check operation

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Charles Murphy Date: 12-7-20

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 Chipp Date: 10/7/20

Signed: _____

E-Mail: _____