

**CERTIFICATION OF WORK  
SERVICE CALL**

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

FACID/Building: VA 048 Date of Visit: 1.12.2021

Contractor Personnel on Site:

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

**Service Call Number**

CSS# 28061 WO# 13328

**Description of Repairs**

Found: leaking saddle valve. Isolated valve, drained water. Removed old valve, cleaned copper line.  
Installed new valve. Re-installed insulation. Opened isolation valve, checked for leaks. Cleaned underlying wall,  
and doorway. Explained Repair to personnel on site.

**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Richard Walker Date: 1.12.2021

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: 1.12.2021

Signed: 

E-Mail: \_\_\_\_\_

