

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. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Service Call Number

CSS# 28061 WO# 13328

Description of Repairs

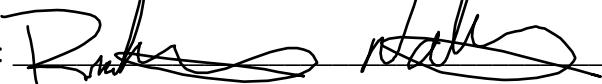
Found: leaking Saddle Valve. Isolated valve, drained water. Removed old valve, cleaned copper line.

Installed new valve. Re-installed insulation. Opened isolation valve, checked for leaks. Cleared underlying wall, and doorway. Explained repair to personnel on site.

CERTIFICATION OF WORK

To be signed by the Contractor:

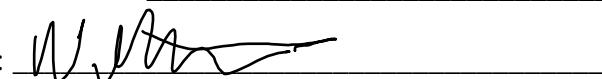
Print Name: Richard Walker Date: 1.12.2021

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: _____

