

**CERTIFICATION OF WORK
SERVICE CALL**

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

FACID/Building: VAD11 Date of Visit: 1.15.2021

Contractor Personnel on Site:

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

Service Call Number

CSS# 28520 WO# 13604

Description of Repairs

Found: A/c units in gym attached to wall leaking Condensation
down wall. Cleaned wall, cleaned condensate drain line
leading outside. Re-sealed drain pans, and fitting around line sets.

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Richard Walker Date: 1.15.2021

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: Chris Chipp Date: 1.15.2021

Signed: 

E-Mail: _____

