

CERTIFICATION OF WORK
SERVICE CALL

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

FACID/Building: USARC

Date of Visit: 8/3/21

Contractor Personnel on Site:

1. Charles Murphy
2. Kelvin McBride
3. _____
4. _____
5. _____
6. _____

Service Call Number

CSS# 27503 WO# COM0150895 - NO 13959
CSS 29629

Description of Repairs

Armstrong Pump Replacement.

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Will Schultz Date: 08-10-21

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: _____

Signed: GRENIER.SCOTT.AN
THONY.1007219551

Digitally signed by
GRENIER.SCOTT.ANTHONY.1007
219551
Date: 2021.08.12 12:54:52 -04'00'

E-Mail: _____

Heat Pump Breakers

PANEL H

FURNAS
P.D.
AUTO
OFF
MANUAL
**PUMP #2
HEAT ONLY**
RESET



PHASE MONITOR

P3
E.T.N.
Culler-Hamner
AUTO
OFF
MANUAL
RESET
DANGER
4



