

**CERTIFICATION OF WORK
SERVICE CALL**

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

FACID/Building: 1DE007 Date of Visit: 05/25/2022

Contractor Personnel on Site:

- | | |
|-----------------------|----------|
| 1. <u>Brian Davis</u> | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Service Call Number

CSS# 31520 WO# 14545

Description of Repairs

Energy management was holding gas
Reset system, no parts needed.

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: B. Davis Date: 05/25/2022

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: _____

E-Mail: _____