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

FACID/Building: VA099 Date of Visit: JAN. 4 - JAN. 5

Contractor Personnel on Site:

1. CHRIS
2. BRIAN
3.
4.
5.
6.

Service Calls – Service Call Number and Description

1. • REROUTE EXHAUST PIPES FROM BALERS TO REDUCE FITTINGS AND
2. GIVE THE PIPES MORE PITCH
3. • REPLACE PARTS ON UNITS AND FIRE UP

WO # 15963 CSS # N/A 33271

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: CHRIS TROTTER Date: 1-5-22

Signed:

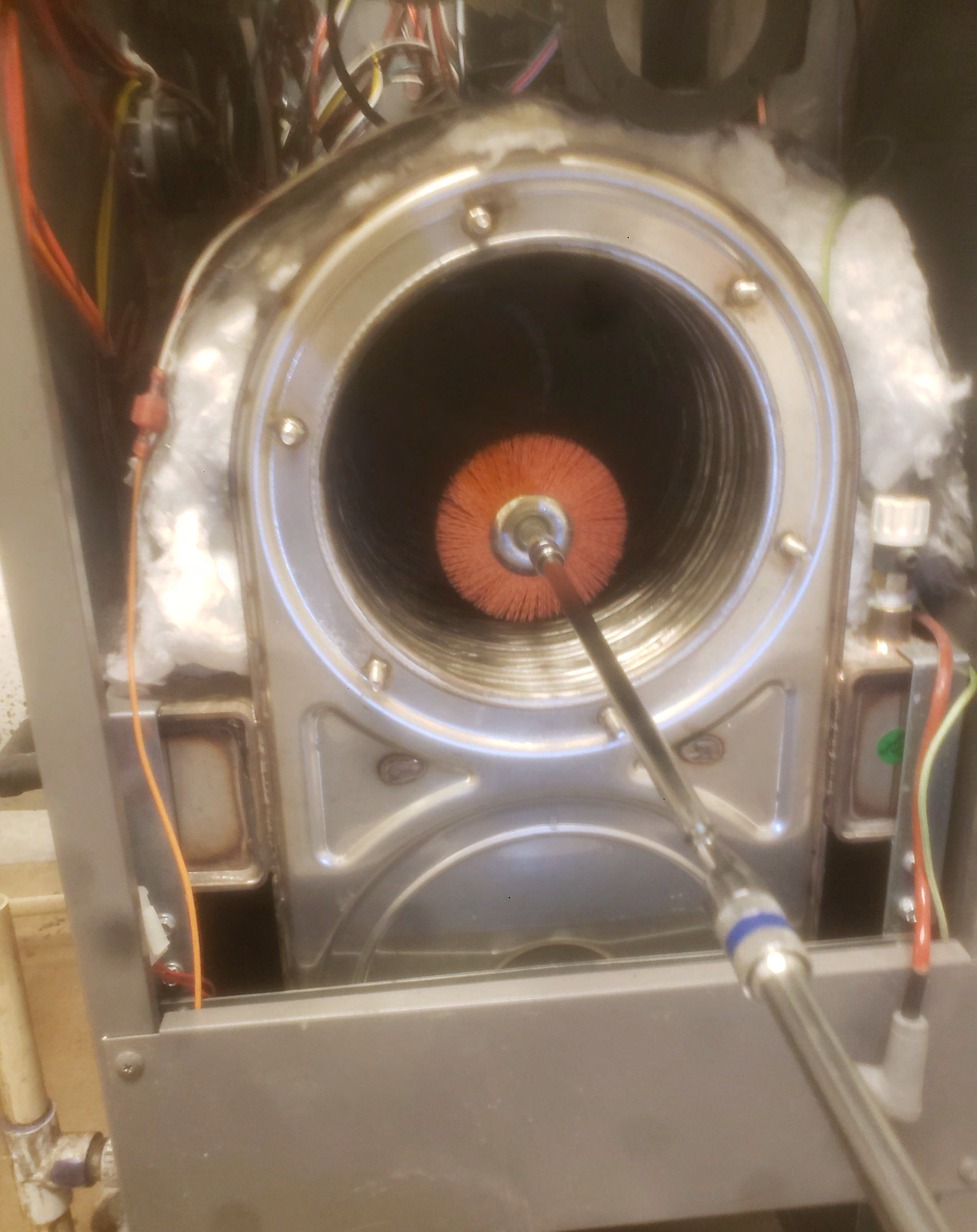
To be signed by Facility Manager:

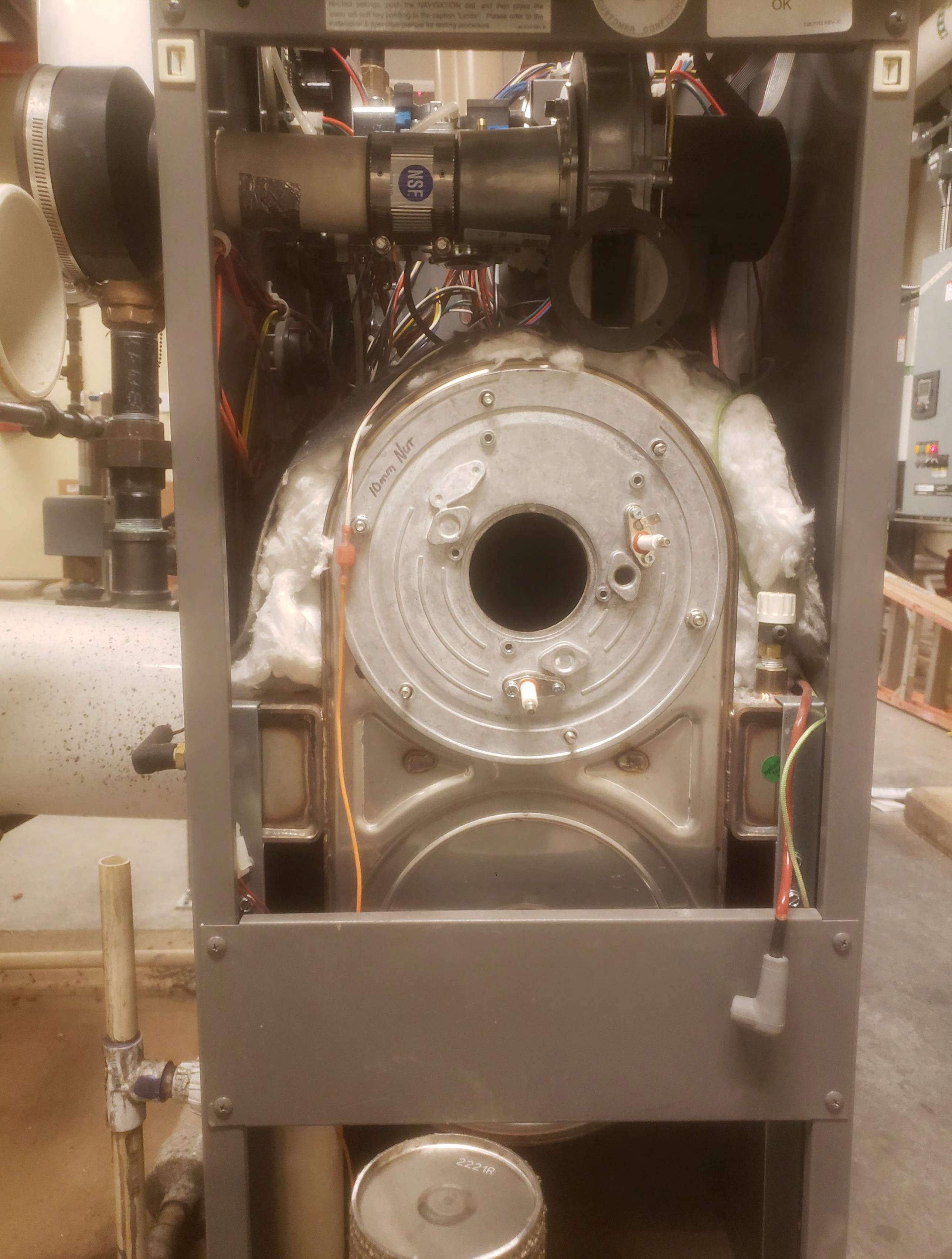
By signing the Certification of Work, the said government representative signature does not constitute acceptance of any work performed by the contractor, it only acknowledges that the contractor was on-site during the identified timeline:

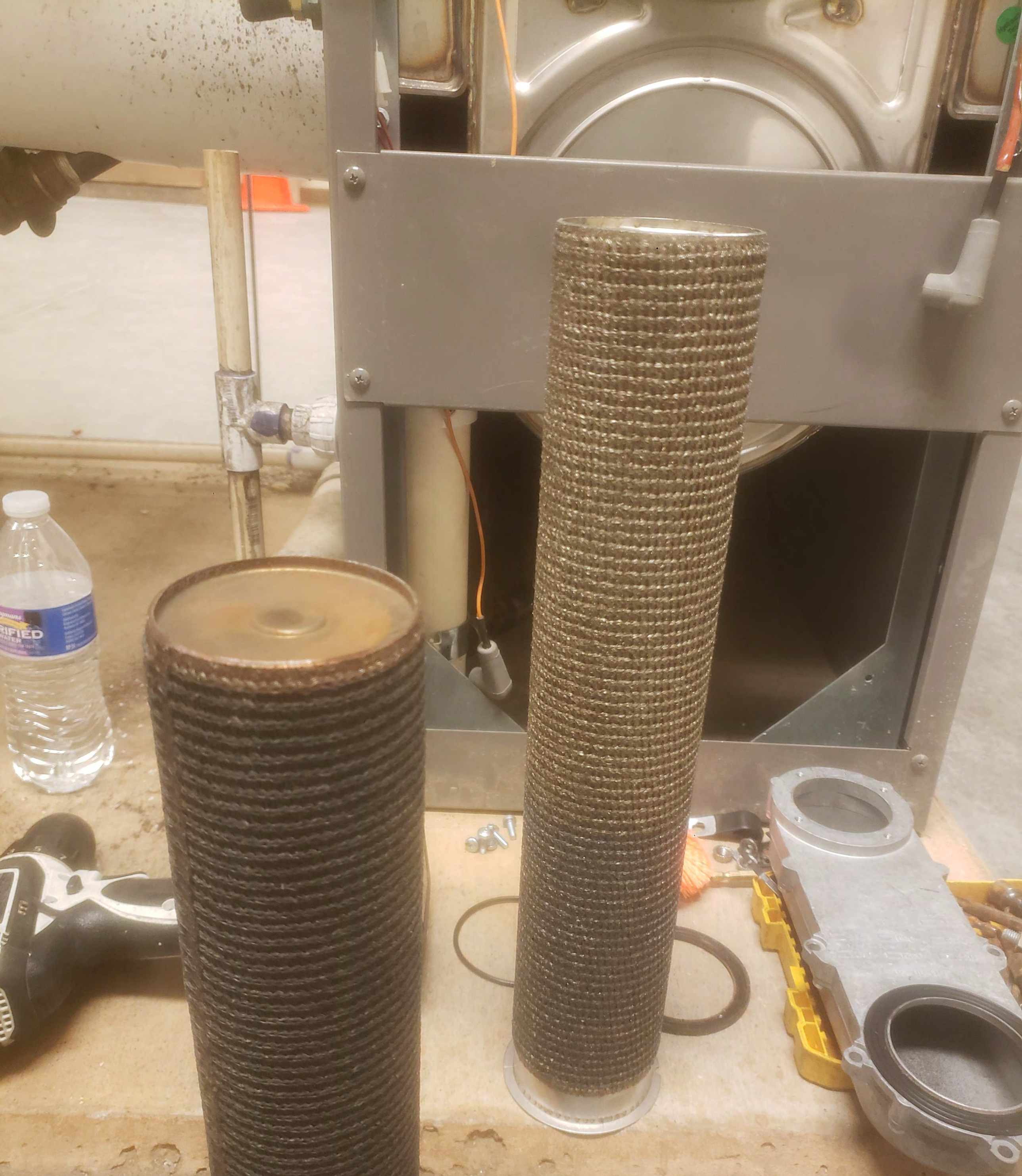
Print Name/Rank: Donald L. Hudson Date: 1-5-22

Signed:

E-Mail:




NSF
10mm Nut
2221R



HOT WATER SUPPLY
HOT WATER RETURN