

RON CUSHING

CERTIFICATION OF WORK
SERVICE CALL

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

FACID/Building: MV 19 Date of Visit: 7/20/22

Contractor Personnel on Site:

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

Service Call Number

CSS# 16416 WO# 34351

Description of Repairs

Removed and replaced Heating coil in
upstairs Unit.

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Ronald Cushing Date: 7/22/22

Signed: [Signature]

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: SFC William Shaker Date: 20 JUL 22

Signed: [Signature]

E-Mail: _____



