

**CERTIFICATION OF WORK
SERVICE CALL**

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

FACID/Building: M0019

Date of Visit: 6/8/2022

Contractor Personnel on Site:

1. B. Davis

4. _____

2. _____

5. _____

3. _____

6. _____

Service Call Number

CSS# 694 WO# 17785

Description of Repairs

Charge L22 to crew of #1, Checked both
Circuits and performed leak check and
found nothing neglegable but CAP off on
suction line

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Brenton Davis Date: 6/8/2022

Signed: B. Davis

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: Jason Brown AFOS Date: 6/8/22

Signed: Jason Brown

E-Mail: _____

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SYS 1 OIL = 228 PSIG
SP = 69 DP = 235 PSIG

try

1 2 3

ENTER

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SYS 2 OIL= 154 PSIG
SP= 68 DP= 197 PSIG

Entry

1

2

3

4

5

6

ENTER

CANCEL