

**CERTIFICATION OF WORK
SERVICE CALL**

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

FACID/Building: MD 019

Date of Visit: 6/8/2022

Contractor Personnel on Site:

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

Service Call Number

CSS# 696 WO# 17785

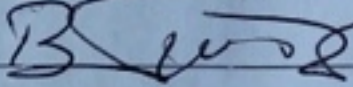
Description of Repairs

Change R22 to circuit #1. Checked both
circuits and performed leak check and
found nothing refrigerable but CAP off on
suction line

CERTIFICATION OF WORK

To be signed by the Contractor:

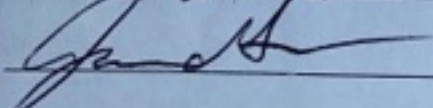
Print Name: Brian Davis Date: 6/8/2022

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: Jason Gawn AFOS Date: 6/8/22

Signed: 

E-Mail: _____

umTM Sci

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

ntry

1 2 3

ENTER

*ium*TM Scr

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

Entry

1

2

3

ENTER

4

5

6

CANCEL