

**CERTIFICATION OF WORK
SERVICE CALL**

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

FACID/Building: N4067 Bldg 1 Date of Visit: 7-13-23

Contractor Personnel on Site:

- | | |
|--------------------------|-------------------------------------------|
| 1. <u>Patricia Brown</u> | 4. <u>Arnie Gorton Postler and Jaekle</u> |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Service Call Number

CSS# 93748 WO# 22716


Description of Repairs

Replaced components and tested, reset alarms
and verified proper operation. Checked all
sens and compressors. Unit is now operating
normal.

CERTIFICATION OF WORK

To be signed by the Contractor:

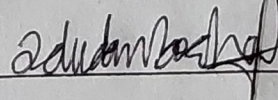
Print Name: Patricia Brown Date: 7-13-23

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: SGT Adu Boughen, Dan Date: 7-13-23

Signed: 

E-Mail: _____







