

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

FACID/Building: MD002

Date of Visit: 8/13/2020

Contractor Personnel on Site:

1. Brian Davis

4. _____

2. _____

5. _____

3. _____

6. _____

Service Calls - Service Call Number and Description

1. A/c in building not working

2. _____

3. _____

WO# 12614 CSS# _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Brian Davis

Date: 8/13/2020

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: Auebler AFOS

Date: _____

Signed: [Signature]

E-Mail: _____



S&S MECHANICAL

S&S Mechanical
4845 South Crain Highway
Upper Marlboro, MD 20772

Tel. 1 - (301) 574-1555
Fax. 1 - (301) 574-1558
www.sandsmidatlantic.com

PLEASE PAY BY

09/12/2020

AMOUNT

\$300.00

INVOICE DATE

08/13/2020

Tidewater, Inc.
Tidewater, Inc
6625 Selnick Dr.
Suite A
Elkridge MD 21075

INVOICE NO. 75258

Job Name: 12614
Site: MD002 Ordnance Road
Site Address: 700 E Ordnance Road
Baltimore MD 21226

Description

WO#: 12614

CSS Number: Pending

Problem: No A/C at building #1 .Chris reported 89 degrees in building.

08/13/2020 Work Note

Arrived onsite and found chiller working fine. Ran through proper protocol. Chiller running good no issues found. Got approval for WO# 12604 and ordered parts. Work complete.

6349 - Service

Item	Quantity	Unit Price	Total
HVAC Labor Rate	3.00 hrs	\$100.00	\$300.00
Labor			\$300.00
Sub-Total ex Tax			\$300.00

Make all checks payable to S&S Mechanical. Overdue accounts are subject to a service charge of 1.5% per month. Thank you for your business.

Sub-Total ex Tax	\$300.00
Tax	\$0.00
Total inc Tax	\$300.00
Amount Applied	\$0.00
Balance Due	\$300.00

**CERTIFICATION OF WORK
SERVICE CALL**

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

FACID/Building: MD002 B-1 Date of Visit: 8/12/20

Contractor Personnel on Site:

- | | |
|----------------------|----------|
| 1. <u>John Brown</u> | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Service Call Number

CSS# _____ WO# 12614


Description of Repairs

I reset the chiller. when I left temperature was 50 degrees
for supply water

CERTIFICATION OF WORK

To be signed by the Contractor:


Print Name: Johnny W Brown Date: 8/12/20

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: SFC Jason Lamontagne Date: 8/12/20

Signed: 

E-Mail: _____