

**CERTIFICATION OF WORK
SERVICE CALL**

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

FACID/Building: MD002 B-7 Date of Visit: 7/17/20

Contractor Personnel on Site:

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

Service Call Number

CSS# ??? WO# 12571

Description of Repairs

drained the condensate tank and made sure drain line was not
clogged. Tested it and all things are good.

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Johnny W. Brown Date: 7/17/20

Signed: Johnny W. Brown

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: 7/17/20

Signed: 

E-Mail: _____

