SERVICE CALL CERTIFICATION OF WORK

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

FACID/Building: MD066 Date of Visit: 12/10/20

Contractor Personnel on Site:

1. CHRIS
2. BRUCE
3. BRIAN
4. _____
5. _____
6. _____

Work Performed:

Service Calls – Service Call Number and Description

1. **CSS#** 27746 **WO#** 13306
2. **Description of repairs :**

DRAIN GLYCOL SYSTEM; REPOSITION VICTALIC FITTING CLAMP; PUMP 55 GALLONS OF NEW GLYCOL INTO SYSTEM

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: CHRIS TROTTER Date: 12/10/20

Signed: _____

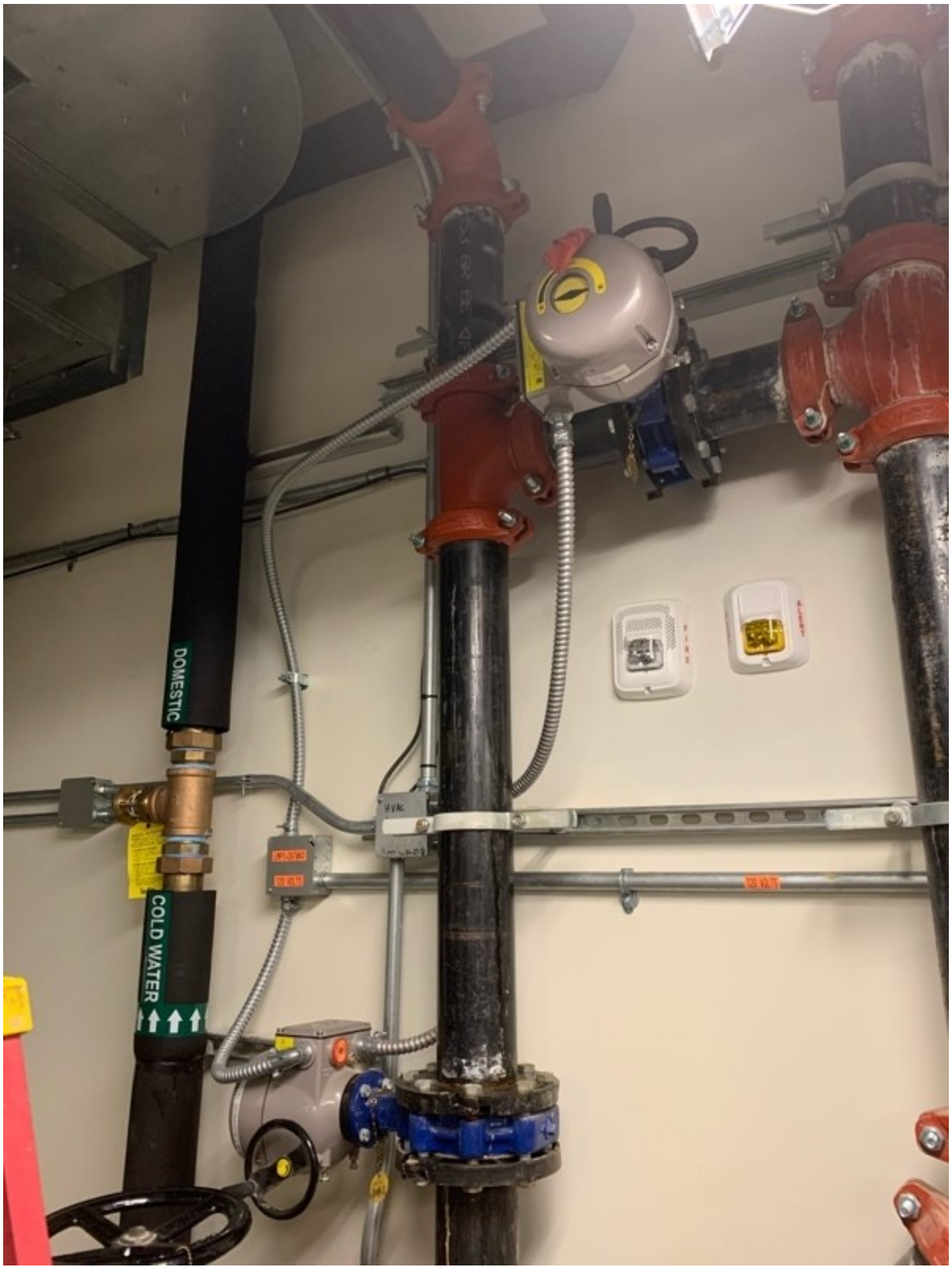
To be signed by Facility Manager or Government Official

I certify that the above named individuals representing the Contractor arrived on site and to the best of my knowledge, completed the stated work listed:

Print Name/Rank: SFC Williams, David Date: 10 Dec 20

Signed: _____

E-Mail: _____


DOMESTIC
COLD WATER