

**CERTIFICATION OF WORK
SERVICE CALL**

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

FACID/Building: NY127 Date of Visit: 8/10/23

Contractor Personnel on Site:

- | | |
|----------------------------|----------|
| 1. <u>Johnson Controls</u> | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Service Call Number

CSS# 91359 WO# 22153

Description of Repairs

Replaced actuator and put lubrication on damper. Damper still did not move
recommend to replace damper.

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Karlee Demain Date: 8/10/23

Signed: Karlee Demain

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: _____ Date: _____

Signed: _____

E-Mail: lars.luffman.civ@army.mil