

## **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. Johnson Controls	4. _____
2. _____	5. _____
3. _____	6. _____

## Service Call Number

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