

**CERTIFICATION OF WORK
SERVICE CALL**

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

FACID/Building: NY052 Date of Visit: 8/15/23

Contractor Personnel on Site:

- | | |
|--------------------------|----------|
| 1. <u>IRock Plumbing</u> | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Service Call Number

CSS# 94394 WO# 13606

Description of Repairs

Leak test piping from gas meter to new section of pipe inside building. Replaced gas valve and gas appliance connector on overhead heater. Addressed leaks on second heater but did not have to replace appliance connector because unit was already hard piped. Pressure tested. Repaired 3 leaks on gas piping. Unable to hold pressure resulting in further leaks and a failed test. Estimate will be written to correct the further gas leaks.

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Karlee Demain Date: 8/15/23

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: John F. Granata AFOS Date: 08/15/2023

Signed: John F. Granata

E-Mail: john.f.granata.ctr@army.mil