

**CERTIFICATION OF WORK
SERVICE CALL**

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

FACID/Building: NY052 Date of Visit: 1/10/24

Contractor Personnel on Site:

- | | |
|-------------------------------|----------|
| 1. <u>Postler and Jaeckle</u> | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Service Call Number

CSS# 95059 WO# 14064

Description of Repairs

Replaced relief valves and checked for leaks.

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Karlee Demain Date: 1/15/24

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: 01/16/2024

Signed: John F. Granata

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