

**CERTIFICATION OF WORK
SERVICE CALL**

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

FACID/Building: WV010 Date of Visit: 03/20/25

Contractor Personnel on Site:

- | | |
|-----------------------------|----------|
| 1. <u>Travis Lipscomb</u> | 4. _____ |
| 2. <u>Jordan Buttermore</u> | 5. _____ |
| 3. _____ | 6. _____ |

Service Call Number

CSS# 99111 WO# 17065

Description of Repairs

Recover refrigerant and replace filter drier, leak check system,
repair any leaks, vaccum system down, and recharge with
refrigerant

CERTIFICATION OF WORK

To be signed by the Contractor:

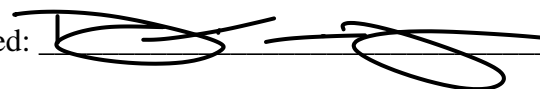
Print Name: Travis Lipscomb Date: 03/20/25

Signed: 

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: Dante Mangrum SFC Date: 03/20/2025

Signed: 

E-Mail: _____

