

**CERTIFICATION OF WORK  
SERVICE CALL**

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

FACID/Building: VA002 Date of Visit: 8/3/2020

Contractor Personnel on Site:

- |                    |          |
|--------------------|----------|
| 1. <u>B. Davis</u> | 4. _____ |
| 2. _____           | 5. _____ |
| 3. _____           | 6. _____ |

**Service Call Number**

CSS# 1810 WO# 18688

**Description of Repairs**

Installed Trane sensor, coil needed

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**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Lindsay Ruby Date: 8/3/22

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: \_\_\_\_\_ Date: \_\_\_\_\_

Signed: \_\_\_\_\_

E-Mail: \_\_\_\_\_