

**CERTIFICATION OF WORK  
SERVICE CALL**

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

FACID/Building: VA049 Date of Visit: 11.02.2020

Contractor Personnel on Site:

- |          |          |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

**Service Call Number**

CSS# 27521 WO# 13162


**Description of Repairs**

Turned HW supply pump into Auto position.  
checked state points.  
have boiler #'s 1,2 supplying heat to AHU# 1,2 for bldg.  
boilers #3,#4 off bleeding air from 4 bleeder valves atop system.

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**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Richard Walker Date: 11.02.2020

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: Chris Chipps Date: 11.02.2020

Signed: 

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

