

**CERTIFICATION OF WORK
SERVICE CALL**

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

FACID/Building: VA049 Date of Visit: 7.2.20

Contractor Personnel on Site:

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

Service Call Number

CSS# _____ WO# 12462


Description of Repairs

Checked all Electric panels Found nothing tripped
Checked Chiller/DDC Ac working Lights working Found 2nd
Floor Zone 1-5 Tstat setpoint off Reading 80° Adjusted
CHW Dampers Programmed Tstat Ac working now

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: _____ Date: 7/2/20

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 Chippis Date: 7 2 20

Signed: 

E-Mail: _____

