

**CERTIFICATION OF WORK
SERVICE CALL**

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

FACID/Building: WV007 Date of Visit: 11-13-23

Contractor Personnel on Site:

1. Brandon
2. _____
3. _____
4. _____
5. _____
6. _____

Service Call Number

CSS# _____ WO# 200630

Description of Repairs

Shut off the building water supply at the backflow valve, drained the cold water line. Removed bad piping and press fitted in new copper pipe. Bled the air from the line.

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Brandon Fullis Date: 11-13-23

Signed: Brandon Fullis

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: JEFF HARRIS / 6509 Date: 2023 11 13

Signed: Jeff Harris

E-Mail: _____