

**CERTIFICATION OF WORK
SERVICE CALL**

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

FACID/Building: P0051-01 Date of Visit: 1-24

Contractor Personnel on Site:

- | | |
|--------------------------|----------|
| 1. <u>Dominic Stango</u> | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Service Call Number

CSS# 16763 WO# 6870

Description of Repairs

Got information on valve to make repairs

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Dominic Stango Date: 1-24

Signed: [Signature]

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: AL [Signature] Date: 1-24

Signed: [Signature]

E-Mail: _____



