

**CERTIFICATION OF WORK  
SERVICE CALL**

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

FACID/Building: DE007

Date of Visit: 10.24.2019

Contractor Personnel on Site:

- |                   |          |
|-------------------|----------|
| 1. <u>ZACH H.</u> | 4. _____ |
| 2. <u>ZACK M.</u> | 5. _____ |
| 3. _____          | 6. _____ |

**Service Call Number**

CSS# 22107

WO# 11251

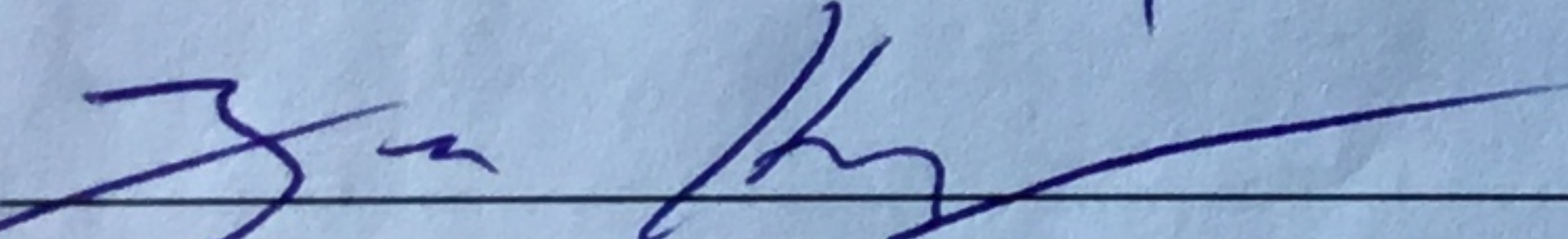
**Description of Repairs**

CLEAR DRAIN from c/g for 2 Bathroom Groups

**CERTIFICATION OF WORK**

To be signed by the Contractor:

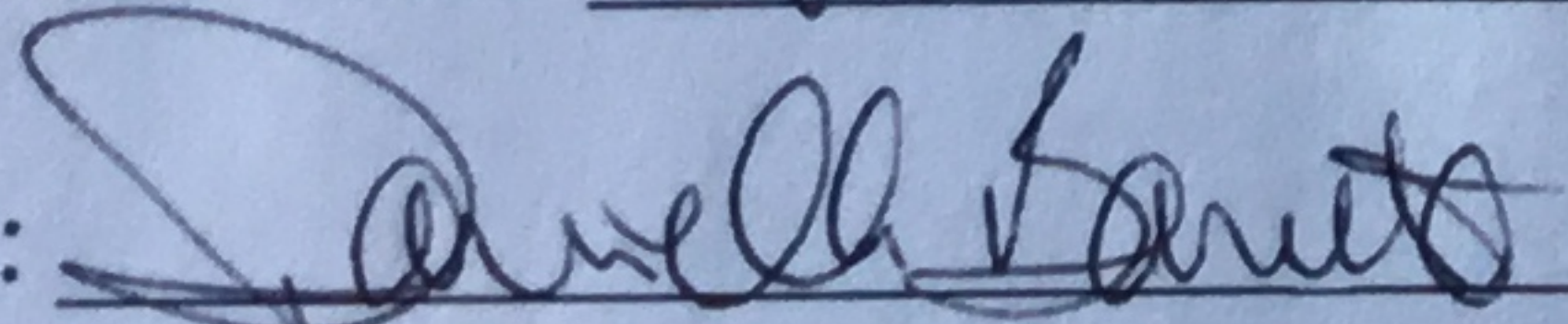
Print Name: ZACH HANBY Date: 10.24.2019

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: Danielle Barrett GS11 Date: 10/24/19

Signed: 

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







