

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. Zach H.
2. Zack M.
3. _____

4. _____
5. _____
6. _____

Service Call Number

CSS# 22107 WO# 11251

Description of Repairs

CLEAR DRAIN from c/o for 2 Bathroom Groups

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Zach Hanby Date: 10.24.2019

Signed: Zach Hanby

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 GSII Date: 10/24/19

Signed: Danielle Barrett

E-Mail: _____



