

CERTIFICATION OF WORK SERVICE CALL

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

FACID/Building: WV010 Date of Visit: 7/8/24

Contractor Personnel on Site:

- | | |
|-------------------------|----------|
| 1. <u>Chase Maxwell</u> | 4. _____ |
| 2. <u>Kyle Wiseman</u> | 5. _____ |
| 3. <u>Dave Wilke</u> | 6. _____ |

Service Call Number

CSS# 97357 WO# 15409

Description of Repairs

Urinal drain line replacement: Replacing section of urinal drain line to restore service to the urinal.

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Dave Wilke Date: 7-8-24

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: Mr. Lee Smith ARA Date: 8Jul 24

Signed: 

E-Mail: Lee.m.smith63.mil.civ@army.mil