

CERTIFICATION OF WORK SERVICE CALL

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

FACID/Building: _____ Date of Visit: _____

Contractor Personnel on Site:

1. _____
2. _____
3. _____

The image consists of two side-by-side photographs. The left photograph shows a large, dark-colored pipe assembly being lowered into a circular opening in a concrete floor. The pipe is supported by several blue and yellow hydraulic jacks. The floor around the opening is dirty and shows signs of wear. The right photograph shows the same pipe assembly lying horizontally on the floor next to a wall. The pipe is supported by several blue and yellow hydraulic jacks. The floor is dirty and shows signs of wear.

Service Call Number

FEMS# _____ WO# _____

Description of Repairs

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: _____ Date: _____

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: _____ Date: _____

Signed: _____

E-Mail:

