

**CERTIFICATION OF WORK  
SERVICE CALL**

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

FACID/Building: FA166 Date of Visit: 1/2/18

Contractor Personnel on Site:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

Service Call Number

CSS# 17023 WO# 7158

Description of Repairs

Transleshaft Arthoplast 1 & 2  
Sending quote to Facility 4 contractors

**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Justin Date: 1/2/18

Signed: Justin

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: 1/2/18

Sign: Reviewed by [Signature] Date: 1/2/18

E-Mail: WHITE - Service Department

YELLOW - STAMP