

Req 398
Monday
1800

CERTIFICATION OF WORK SERVICE CALL

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

FACID/Building: MD 03

Date of Visit: 8-29-17/9-5-19

Contractor Personnel on Site:

- | | |
|-----------------------|----------|
| 1. <u>Brian Davis</u> | 4. _____ |
| 2. <u>Joe Moore</u> | 5. _____ |
| 3. _____ | 6. _____ |

Service Call Number

CSS# 12387 WO# 3330

Description of Repairs

Unit 6 pipe replacement

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Brian Davis Date: 8-29-19/9-5-17

Signed: [Signature]

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: James F Blund III ¹³⁷ Date: 20/9/0905

Signed: [Signature]

E-Mail: James.F.blund.mil@mail.mil

H-3 CIR. 10, 12

SPACE PAK

WARNING
READ INSTRUCTIONS
BEFORE OPERATING

WARNING
READ INSTRUCTIONS
BEFORE OPERATING

1/2" x 3/4" WALL 25/50 02326 3