

**CERTIFICATION OF WORK
SERVICE CALL**

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

FACID/Building: VA048 Date of Visit: MAY 2, 2022

Contractor Personnel on Site:

- | | |
|-----------------|----------|
| 1. <u>CHRIS</u> | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Service Call Number

CSS# 147 WO# 17322

Description of Repairs

TURN OFF WATER TO FLUSH VALVE ON TOILET; FOUND LEAK
COMING FROM BOTTOM OF THE TAILPIECE GOING INTO THE SPUD;
READJUSTED FLUSHOMETER AND TIGHTENED ALL CONNECTIONS;
THE ADJUSTMENT AND REPOSITIONING OF THE VALVE SEALED
ALL POINTS; LEAK REPAIRED; CHECKED ALL OTHER TOILETS

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: CHRIS TROTTER Date: 5/2/2022

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: Daniel Dickens SGT Date: _____

Signed: [Signature]

E-Mail: _____





500-
500-
BREM
VALV
S A
U S
F

KO



KOHLER

1.6 gallons / 1.1
per second