

**CERTIFICATION OF WORK
SERVICE CALL**

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

FACID/Building: MD024 B-1005 Date of Visit: 2/5/19

Contractor Personnel on Site:

1. <u>John Brown</u>	4. _____
2. _____	5. _____
3. _____	6. _____

Service Call Number

CSS# 16597 WO# 7158

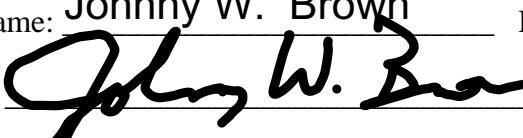
Description of Repairs

Remove old safety strip on OH Door and replace with new safety strip.

CERTIFICATION OF WORK

To be signed by the Contractor:

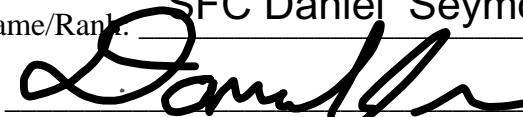
Print Name: Johnny W. Brown Date: 2/5/19

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: SFC Daniel Seymore Date: 2/5/19

Signed: 

E-Mail: _____

