

CERTIFICATION OF WORK
SERVICE CALL

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

FACID/Building: MD03

Date of Visit: 8.29.19

Contractor Personnel on Site:

1. Brian Davis

2. Joe Morre

3. _____

4. _____

5. _____

6. _____

Service Call Number

CSS# 16661

WO#

9594

Description of Repairs

Remove and replace HLW pump

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Brian Davis

Date: 8.29.19

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: James F. Bland

MSB

Date: 20190905

Signed: _____

Mail: James.F.Bland.mil@mail.mil