

**CERTIFICATION OF WORK  
SERVICE CALL**

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

FACID/Building: DE001 B-1 Date of Visit: 1/15/19

Contractor Personnel on Site:

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

**Service Call Number**

css# 16787 WO# 6875

**Description of Repairs**

Remove 2 8' light fixtures and install 2 new light fixtures.

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**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Johnny W. Brown Date: \_\_\_\_\_

Signed: John W. Brown

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 JOSE MOJICA Date: 1/15/19

Signed: JM

E-Mail:

