

**CERTIFICATION OF WORK  
SERVICE CALL**

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

FACID/Building: DE007 B-1 Date of Visit: 1/8/19

Contractor Personnel on Site:

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

**Service Call Number**

CSS# 16825 WO# 6889

**Description of Repairs**

Remove and replace 1 urinal flush valve & 1 toilet flush valve.

Remove and replace 2 faucets in 2nd flr. ladies rm.

**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Johnny W. Brown Date: 1/8/18

Signed: *Johnny 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: *Corti, Gabriel* Date: *20190108*

Signed: *[Signature]*

E-Mail: \_\_\_\_\_









SLOAN  
DUAL-FLUSH HET  
1.4/1.2 GPF - ADA 2.1/2.0











