

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. John Brown
2. _____
3. _____
4. _____
5. _____
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: Corri, Gabriel Date: 2019 01 08

Signed: YR

E-Mail: _____





SLOAN
DUAL-RUSH HET
1.6/1.1 GPF - 6002110





