

## **CERTIFICATION OF WORK SERVICE CALL**

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

FACID/Building: MD024 B-1 Date of Visit: 1/4/19

**Contractor Personnel on Site:**

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

**Service Call Number**

css# 16973 wo# 7150

### Description of Repairs

replace Ballast and 4 LED Bulbs

## **CERTIFICATION OF WORK**

To be signed by the Contractor:

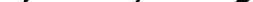
Print Name: Johnn, W. Brown Date: 1/4/19

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: Daniel J. Seymour Date: 01/09/2019

Signed: 

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



