

CERTIFICATION OF WORK SERVICE CALL

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

FACID/Building: NY067-Bldg 7 Date of Visit: 2-11-19

Contractor Personnel on Site:

1. Patrick Brown
2. _____
3. _____
4. _____
5. _____
6. _____

Service Call Number

CSS# 17076 WO# 2510

Description of Repairs

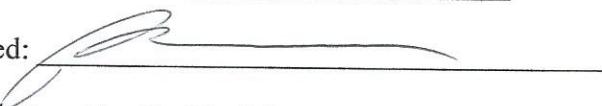
Replaced Auto Flush Valves in Mens Bathroom, Asset #
10600 toilet #1 and toilet #3

Replaced Spud and Flush Valve assembly 1

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Patrick Brown Date: 2-11-19

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: Doug Rushko Date: 2-11-19

Signed: 

E-Mail: douglas.rushko.state@mail.wi.gov





