

CERTIFICATION OF WORK SERVICE CALL

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

FACID/Building: DE007 Date of Visit: 2/6/19

Contractor Personnel on Site:

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

Service Call Number

CSS# CSS 17122 WO# 7187

Description of Repairs

Remove and replace 2 urinal flush valves in 2 male latrines and 2 faucets in 1 female latrine

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Johnny W. Brown Date: 1/6/19

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: Maj. Danielle Barrett Date: 1/6/19

Signed:

E-Mail:

