

**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. <u>John Brown</u> | 4. _____ |
| 2. _____             | 5. _____ |
| 3. _____             | 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

\_\_\_\_\_

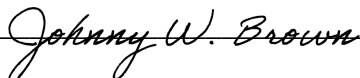
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\_\_\_\_\_

**CERTIFICATION OF WORK**

To be signed by the Contractor:

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

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

Signed: 

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

