

**CERTIFICATION OF WORK  
SERVICE CALL**

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

FACID/Building: MD003 B-1 Date of Visit: 5/10/19

Contractor Personnel on Site:

- |                      |          |
|----------------------|----------|
| 1. <u>John Brown</u> | 4. _____ |
| 2. _____             | 5. _____ |
| 3. _____             | 6. _____ |

**Service Call Number**

CSS# 18679 WO# 8458

**Description of Repairs**

\_\_\_\_\_  
I removed and replaced ceiling tiles in Office 111  
and 4 in entrance area.  
\_\_\_\_\_

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**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Johnny W. Brown Date: 5/10/19

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: David Okes Date: 5/10/19

Signed: *David Okes*

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

