

**CERTIFICATION OF WORK
SERVICE CALL**

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

FACID/Building: DE007 Date of Visit: _____

Contractor Personnel on Site:

- | | |
|------------------------|----------|
| 1. <u>Ryan Brenner</u> | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Service Call Number

CSS# 19007 WO# 8837

Description of Repairs

Clear Branch line off of main sewer for
men's and woman's Bathroom

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Ryan Brenner Date: 4/29/19

Signed: [Signature]

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: Danielle Barrett CW Date: 20190429

Signed: [Signature]

E-Mail: danielle.e.barrett.civ@mail.mil













