

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: 6/6/19

Contractor Personnel on Site:

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

Service Call Number

CSS# 19568 WO# 9027

Description of Repairs

I removed old pump and replaced it with a new condensate pump

CERTIFICATION OF WORK

To be signed by the Contractor:

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

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: **Roderick Daniels** Date: **6/6/19**

Signed: Red Daniels

E-Mail:



