

**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: 6/13/19

Contractor Personnel on Site:

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

Service Call Number

CSS# 19612 WO# 6039

Description of Repairs

I found a split in the line that it was leaking
from so the water was never making it to the pump.
so I cut out the bad portion of the hose and reconnected
the hose to the pump.

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Johnny W. Brown Date: 6/13/19

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: 6/13/19

Signed: *R. Daniels*

E-Mail: _____

