

**CERTIFICATION OF WORK  
SERVICE CALL**

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

FACID/Building: MD002 B-4 Date of Visit: 10/18/19

Contractor Personnel on Site:

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

**Service Call Number**

CSS# 20763 WO# 11046

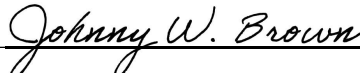
**Description of Repairs**

All filters were replaced and oil changed. Also check valve  
was replaced on the oil return line.  
found 2 new issues not included in the service . proposal  
to be sent later.

**CERTIFICATION OF WORK**

To be signed by the Contractor:


Print Name: Johnny W. Brown Date: 10/18/19

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: SSG Claudia Voorhies Date: 10/18/19

Signed: 

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

