

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: 9/4/19

Contractor Personnel on Site:

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

Service Call Number

CSS# 20887 WO# 10608

Description of Repairs

I removed old toilet and urinal and replaced them with new

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Johnny W. Brown Date: 9/4/19

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: 9/4/19

Signed: 

E-Mail:

E-Mail: _____

