

CERTIFICATION OF WORK SERVICE CALL

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

FACID/Building: DE007 B-1 Date of Visit: 10/9/19

Contractor Personnel on Site:

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

Service Call Number

CSS# 21224 WO# 10631

Description of Repairs

I removed 3 bad automatic faucets and replaced them with 3 manual faucets.

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Johnny W. Brown Date: 10/9/19

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: Danielle Barrett Date: 10/9/19

Signed: Danielle Barrett

E-Mail: _____

