

**CERTIFICATION OF WORK  
SERVICE CALL**

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

FACID/Building: MD019 B-1 Date of Visit: 9/20/19

Contractor Personnel on Site:

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

**Service Call Number**

CSS# 21389 WO# 11034

**Description of Repairs**

I replaced 1 toilet seat, tightened 10 toilet seats , replaced 5- 9/16  
nuts. I replaced 5 aireators.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Johnny W. Brown Date: 9/20/19

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: 1st SGT Nate Maze Date: 9/20/19

Signed: Nate Maze

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

