

**CERTIFICATION OF WORK  
SERVICE CALL**

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

FACID/Building: MD002 B-2 Date of Visit: 10/10/19

Contractor Personnel on Site:

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

**Service Call Number**

CSS# 21688 WO# 11086

**Description of Repairs**

Hung electronics cabinet and installed double gang cover plate.

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**CERTIFICATION OF WORK**

To be signed by the Contractor:

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

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: R151-1 10/10/19 Date: 10/10/19

Signed: [Signature]

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

