

CERTIFICATION OF WORK SERVICE CALL

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

FACID/Building: VA 046 Date of Visit: 11-19-19

Contractor Personnel on Site:

1. BILL DAVIS TWI
2. _____
3. _____
4. _____
5. _____
6. _____

Service Call Number

css# 21924 wo# 11241

Description of Repairs

REPLACED SEAL IN VALUE

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: BILL DAVIS Date: 11-19-19

Signed: Bill Davis

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: Kim Drakes Date: 11/19/19

Signed: Kim Drakes

E-Mail: _____

