

**CERTIFICATION OF WORK
SERVICE CALL**

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

FACID/Building: VA 048 Date of Visit: 11-19-19

Contractor Personnel on Site:

- | | |
|--------------------------|----------|
| 1. <u>BILL DAVIS TWI</u> | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Service Call Number

CSS# 21924 WO# 11241


Description of Repairs

REPLACED SEAL IN VALVE

CERTIFICATION OF WORK

To be signed by the Contractor:


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

Signed: 

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: 

E-Mail: _____

