

**CERTIFICATION OF WORK
SERVICE CALL**

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

FACID/Building: VACOB Date of Visit: 11-5-19
11-13-19

Contractor Personnel on Site:

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

Service Call Number

CSS# 22343 WO# 11273


Description of Repairs

FOUND BAD FLUSH VALVES. ISOLATED MENS ROOM UNTIL PARTS COME IN
REMOVED BAD DIAPHRAGMS & INSTALLED NEW. OPERATION OK

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: BILL DAVIS Date: 11-13-19

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: SFC Jamie Watson Date: 20191118

Signed: 

E-Mail: _____

