

CERTIFICATION OF WORK SERVICE CALL

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

FACID/Building: VA 006 Date of Visit: 11-13-19

Contractor Personnel on Site:

1. Bill Davis
2. _____
3. _____
4. _____
5. _____
6. _____

Service Call Number

CSS# 22343 WO# 11273

Description of Repairs

FOUND BAD FLUSH VALVES. ISOLATED MEN'S ROOM UNTIL PARTS COME IN
REMOVED BAD DIAPHRAMS & INSTALLED NEW. OPERATION OK

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Bill Davis Date: 11-13-19

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: SFC Jamie Wadsworth Date: 20191118

Signed: JW

E-Mail: _____

