

**CERTIFICATION OF WORK
SERVICE CALL**

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

FACID/Building: #12 VA099 Date of Visit: 12-10-19

Contractor Personnel on Site:

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

Service Call Number

CSS# 22664 WO# 11288

Description of Repairs

INSTALLED AUTO BLOW VALVE
CHECKED OPERATION OK

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: BILL DAVIS Date: 12-10-19

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: Nesmith, Pretra SSG Date: 2019/2/8

Signed: 

E-Mail: pretra.s.nesmith.mil@mail.mil

