

**CERTIFICATION OF WORK
SERVICE CALL**

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

FACID/Building: VA050

Date of Visit: 12-3-19

Contractor Personnel on Site:

1. MATT FIRASER
2. CHARLES GRESHAM
3. _____

4. _____
5. _____
6. _____

Service Call Number

CSS# 22698 WO# 11424

Description of Repairs

INSTALLED SLOAN BACKFLOW PREVENTER 4 "O"
RING FOR FLUSH VALVE. TESTED NEW INSTALLATION.

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: MATT FIRASER Date: 12-3-19

Signed: Matt

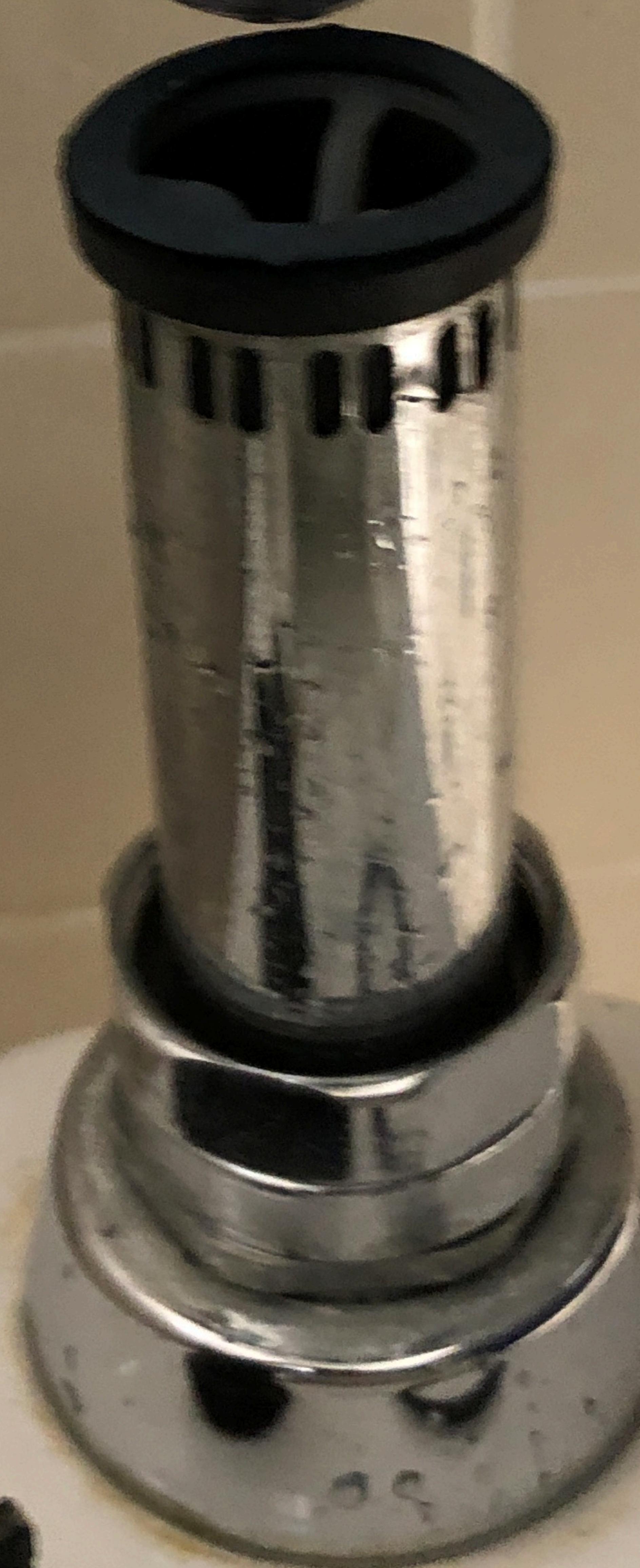
To be signed by Facility Manager:

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: Christopher Ward

Date: 12-3-19

Signed: Christopher Ward



KOHLER