

**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. MAT FRASEIZ
2. CHARLES GRESHAM
3. \_\_\_\_\_

4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

**Service Call Number**

CSS# 22698

WO# 11424

**Description of Repairs**

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

**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: MAT FRASEIZ

Date: 12-3-19

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: Christopher Ward

Date: 12-3-19

Signed: \_\_\_\_\_



