

**CERTIFICATION OF WORK  
SERVICE CALL**

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

FACID/Building: VA 050 Date of Visit: 12.17.19

Contractor Personnel on Site:

- |                          |          |
|--------------------------|----------|
| 1. <u>Richard Walker</u> | 4. _____ |
| 2. _____                 | 5. _____ |
| 3. _____                 | 6. _____ |

**Service Call Number**

CSS# 22781 WO# 11445

**Description of Repairs**

Cut discharge side of (PRV), installed  
3/4 in union. Re-Assembled discharge  
Piping.

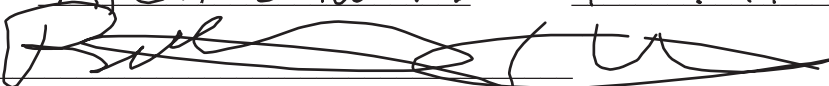
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**CERTIFICATION OF WORK**

VA049

To be signed by the Contractor:

Print Name: Richard Walker Date: 12.17.19

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: Natasha Parks SFC Date: 12.17.19

Signed: 

E-Mail: \_\_\_\_\_

