

## 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. Richard Walker
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
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: [Signature]

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: Natalie Parks SFC Date: 12.17.19

Signed: N Parks

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

