

**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# 22782 WO# 11446

Description of Repairs

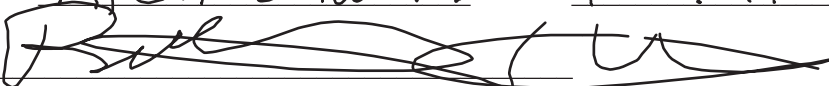
Cut discharge side of (PRV), installed
3/4 in union. Re-Assembled discharge
Piping.

CERTIFICATION OF WORK

VA049

To be signed by the Contractor:

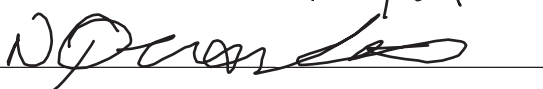
Print Name: Richard Walker Date: 12.17.19

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 Quarks SFC Date: 12.17.19

Signed: 

E-Mail: _____

