

CERTIFICATION OF WORK
SERVICE CALL

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

Facility/Building: DE007 Date of Visit: 4-20-2020

Contractor Personnel on Site:

1. Brian Davis 4. _____
2. _____ 5. _____
3. _____ 6. _____

Service Call Number

CSS# 23823 WO# 11778

Description of Repairs

Gas Regulator bad

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: BRIAN Davis Date: 4-20-2020

Signed: Brian Davis

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: Amy Lyons Date: 4/20/20

Signed: AMY

E-Mail: amy.n.lyons.civ@mail.mil

