

CERTIFICATION OF WORK
SERVICE CALL

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

FACID/Building: DE 007

Date of Visit: 4-20-2020

Contractor Personnel on Site:

1. Brian Davis

2. _____

3. _____

4. _____

5. _____

6. _____

Service Call Number

CSS# 23823

WO# 11778

Description of Repairs

Gas Regulator b40

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: Lyns Amy

Date: 4/20/20

Signed: [Signature]

E-Mail: Amy.Lyns.civ@mail.mil

