

CERTIFICATION OF WORK SERVICE CALL

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

FACID/Building: DE002 Date of Visit: 5/11/20

Contractor Personnel on Site:

1. _____ 4. _____
2. **John Brown** 5. _____
3. _____ 6. _____

Service Call Number

CSS# 23832 WO# 11564


Description of Repairs

remove old motor and replace it with new one.

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: **Johnny W Brown** Date: **5/11/20**

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: **Joseph Wolfe** Date: **5/11/20**

Signed: _____
E-Mail: _____

E-Mail: _____

