

**SERVICE CALL CERTIFICATION OF WORK**  
(To be completed by the Contractor and saved in the Contractor's CMMS)

FACID/Building: MD003

Date of Visit: AUGUST 7, 2000

Contractor Personnel on Site:

1. CHRIS
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

Work Performed:

Service Calls – Service Call Number and Description

1. CSS# 23035 WO# 11549
2. Description of repairs :

RUN NEW DISCHARGE LINE ON PUMP IN ROOM #125

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**CERTIFICATION OF WORK**

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To be signed by the Contractor:

Print Name: CHRIS TROTTER Date: 8/7/20

Signed: Chris Trotter

To be signed by Facility Manager or Government Official

I certify that the above named individuals representing the Contractor arrived on site and to the best of my knowledge, completed the stated work listed:

Print Name/Rank: Gabriela Beck / GS11 Date: 8-7-2020

Signed: Gabriela Beck

E-Mail: gabriela.s.beck.civ@mail.mil







118x112

100x120