

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, 2020

Contractor Personnel on Site:

1. CHRIS

4. _____

2. _____

5. _____

3. _____

6. _____

Work Performed:

Service Calls – Service Call Number and Description

1. CSS# 23835

WO# 11549

2. Description of repairs :

RUN NEW DISCHARGE LINE ON PUMP IN ROOM #125

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: CHRIS TROTTER

Date: 8/7/20

Signed: _____

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: _____

E-Mail: _____

gabriea.S.Beck.civ@mail.mil





