

CERTIFICATION OF WORK SERVICE CALL

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

FACID/Building: DE007 B-1 Date of Visit: 7/29/20

Contractor Personnel on Site:

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

Service Call Number

CSS# 24309 WO# 11963

Description of Repairs

I replaced 2- toilet flush valves and 1- Urinal flush valve and 1 faucet

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: **Johnny W Brown** Date: **7/29/20**

Signed: John B

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: 7/29/30

Signed: John

E-Mail:

