

**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. <u>John Brown</u> | 4. _____ |
| 2. _____             | 5. _____ |
| 3. _____             | 6. _____ |

**Service Call Number**

CSS# 24318 WO# 11962

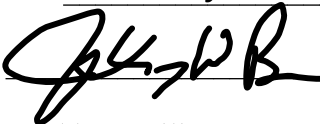
**Description of Repairs**

remove old vent in bathroom door and replaced it with a 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: \_\_\_\_\_

