

**CERTIFICATION OF WORK
SERVICE CALL**

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

FACID/Building: MD024 B-1 Date of Visit: 03/11/21

Contractor Personnel on Site:

- | | |
|----------------------|----------|
| 1. <u>John Brown</u> | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Service Call Number

CSS# 25535 WO# 13823

Description of Repairs

I removed removed the hinge side partition and plumed the brackets and redrilled bracket holes and installed new plastic anchors tightened everything back up

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Johnny W Brown Date: 03/11/21

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: SSG Richard Gaytan Date: 03/11/21

Signed: 

E-Mail: _____

