

**CERTIFICATION OF WORK
SERVICE CALL**

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

FACID/Building: VA048 Date of Visit: 8.25.2020

Contractor Personnel on Site:

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Service Call Number

CSS# 26189 WO# 12618

Description of Repairs

Removed flush valve assemblies and Replaced flush valve assemblies with
new assemblies. tested toilets for proper operation.
both toilets in men's room flush now.

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Richard Walker Date: 8.25.2020

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: Nichol Parker Date: 8.25.2020

Signed: 

E-Mail: _____

