

## **CERTIFICATION OF WORK SERVICE CALL**

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

FACID/Building: MD002 B-7 Date of Visit: 12/02/20

#### Contractor Personnel on Site:

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

## Service Call Number

CSS# 26456 WO# 13169

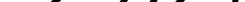
## Description of Repairs

remove old covers and replaced them with new covers

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: **Johnny W Brown** Date: **12/02/20**

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: SFC Jason Lamontagne Date: 12/02/20

Signed: 

E-Mail: \_\_\_\_\_

