

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: 02/09/21

Contractor Personnel on Site:

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

Service Call Number

CSS# 26458 WO# 12892

Description of Repairs

I removed 22 PLS florescent can fixtures and replaced them with 22 LED down light fixtures.

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Johnny W Brown Date: 02/09/21

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: SFC Cesar Torres Date: 02/09/21

Signed: Cesar J. Soto

E-Mail:

