

## **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: 08/04/21

#### Contractor Personnel on Site:

1. John Brown 4. \_\_\_\_\_  
2. \_\_\_\_\_ 5. \_\_\_\_\_  
3. \_\_\_\_\_ 6. \_\_\_\_\_

## Service Call Number

CSS# 26460 WO# 14345

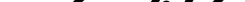
## Description of Repairs

I removed 12 old recessed fixtures and replaced them with LED fixtures

## **CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Johnny W Brown Date: 08/04/21

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: Laura Nguyen Date: 08/04/21

Signed: 

E-Mail:

