

## **CERTIFICATION OF WORK SERVICE CALL**

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

FACID/Building: DE007 B-1 Date of Visit: 10/26/20

#### Contractor Personnel on Site:

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

## Service Call Number

CSS# 27061 WO# 13128

## Description of Repairs

bad lighting time clock removed and replaced with new one

## CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: **Johnny W Brown** Date: **10/26/20**

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: **Danielle Barrett** Date: **10/26/20**

Signed: 

E-Mail:

