

**CERTIFICATION OF WORK
SERVICE CALL**

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

FACID/Building: VA 049 Date of Visit: 2.23.2021

Contractor Personnel on Site:

- | | |
|--------------------------|----------|
| 1. <u>Richard Walker</u> | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Service Call Number

CSS# 27289 WO# 13122

Description of Repairs

Removed urinal, Replaced/Repaired wall anchors.
Replaced urinal wax seal. Re-installed urinal.
Tested for leaks, Tested operation of urinal. Replaced flush handle,
vacuum breaker, flush valve/gaskets.

CERTIFICATION OF WORK

To be signed by the Contractor:


Print Name: Richard Walker Date: 2.23.2021

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: RFOS Date: 2.23.2021

Signed: 

E-Mail: _____

