

## 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. Richard Walker
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
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.

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## CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Richard Walker Date: 2.23.2021

Signed: Richard Walker

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: Joe M

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

