

## **CERTIFICATION OF WORK SERVICE CALL**

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

FACID/Building: MD003 B-2 Date of Visit: 12/21/20

#### Contractor Personnel on Site:

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

## Service Call Number

CSS# 27668 wo# 13297

## Description of Repairs

I removed old circulating pump assembly and installed a new assembly.

## **CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Johnny W. Brown Date: 12/21/20

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: SGT Nicholas Cruz Date: 12/21/20

Signed: 

E-Mail:

