

**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.

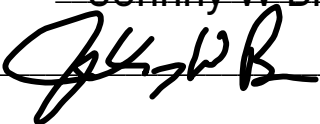
\_\_\_\_\_

\_\_\_\_\_

**CERTIFICATION OF WORK**

To be signed by the Contractor:

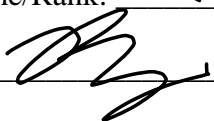
Print Name: Johnny W Brown Date: 12/21/20

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: \_\_\_\_\_

