

# SERVICE CALL CERTIFICATION OF WORK

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

FACID/Building: MD019

Date of Visit: 12/05/20

Contractor Personnel on Site:

1. CHRIS

4. \_\_\_\_\_

2. \_\_\_\_\_

5. \_\_\_\_\_

3. \_\_\_\_\_

6. \_\_\_\_\_

Work Performed:

Service Calls – Service Call Number and Description

1. CSS# TBD

WO# 13320

2. Description of repairs :

SEWER BACK UP; SNAKE FROM ELECTRICAL ROOM  
FLOOR CLEANOUT;

SNAKE FEMALE REST ROOM  
**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: CHRIS TROTTER

Date: 12/05/20

Signed: \_\_\_\_\_

To be signed by Facility Manager or Government Official

I certify that the above named individuals representing the Contractor arrived on site and to the best of my knowledge, completed the stated work listed:

Print Name/Rank: KENNETH P. AUGUST

Date: 5 DEC 2020

Signed: \_\_\_\_\_

E-Mail: KENNETH.P.AUGUST@W.CIV@MAIL.M.I.





