

CERTIFICATION OF WORK SERVICE CALL

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

FACID/Building: MD019 B-1 Date of Visit: 01/04/21

Contractor Personnel on Site:

1. John Brown
 2. _____
 3. _____
 4. _____
 5. _____
 6. _____

Service Call Number

CSS# 28047 WO# 13326

Description of Repairs

I replaced the old faucet with a new faucet.

CERTIFICATION OF WORK

To be signed by the Contractor:

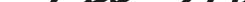
Print Name: Johnny W Brown Date: 01/04/21

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: SFC William Schaffer Date: 01/04/21

Signed: 

E-Mail:

E-Mail: _____

