

**CERTIFICATION OF WORK  
SERVICE CALL**

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

FACID/Building: 02/16/21 Date of Visit: MD002 B-3

Contractor Personnel on Site:

1. John Brown
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

**Service Call Number**

CSS# 28405 WO# 13457

**Description of Repairs**

removed and reinstalled 72 T-5 flooresant tubes in the 3 bays

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**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Johnny W Brown Date: 02/16/21

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 Cesar Torres Date: 02/16/21

Signed: 

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

