

**CERTIFICATION OF WORK
SERVICE CALL**

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

FACID/Building: MD002 B-3 Date of Visit: 01/25/21

Contractor Personnel on Site:

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

Service Call Number

CSS# 28409 WO# 13459

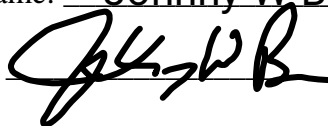
Description of Repairs

I removed the old eye wash station and replaced it with a
combination eye wash and shower

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Johnny W Brown Date: 01/25/21

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 Jason Lamontagne Date: 01/25/21

Signed: 

E-Mail: _____

