

CERTIFICATION OF WORK SERVICE CALL

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

FACID/Building: MD024 B-1 Date of Visit: 04/20/21

Contractor Personnel on Site:

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

Service Call Number

CSS# 28568 WO# 13980

Description of Repairs

I removed 2 old soap dispensers. 2 new ones were already installed.

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Johnny W Brown Date: 04/20/21

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: **SSG Richard Gaytan** Date: **04/20/21**

Signed: RGC

E-Mail: _____

