

CERTIFICATION OF WORK SERVICE CALL

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

FACID/Building: MD002 B-1 Date of Visit: 03/09/21

Contractor Personnel on Site:

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

Service Call Number

CSS# 29236 WO# 13851

Description of Repairs

removed toggle switch and 2 bulbs

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: **Johnny W Brown** Date: **03/09/21**

Signed: J. L. W. B.

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: SGT Rita Keaton Date: 03/09/21

Signed: Robert Kuhn

E-Mail:

