

**CERTIFICATION OF WORK
SERVICE CALL**

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

FACID/Building: MD002 B-4 Date of Visit: 04/14/21

Contractor Personnel on Site:

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

Service Call Number

CSS# 29487 WO# 13949

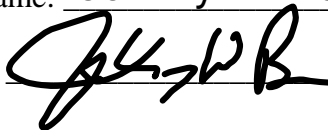
Description of Repairs

front door just needed the catch adjusted and the closer adjusted. Side
rear door needed the hinges tweaked and closer adjusted.

CERTIFICATION OF WORK

To be signed by the Contractor:


Print Name: Johnny W Brown Date: 04/14/21

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: Sgt Kwassi Akogo Date: 04/14/21

Signed: 

E-Mail: _____



