

**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: 08/03/21

Contractor Personnel on Site:

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

Service Call Number

CSS# 29643 WO# 14370

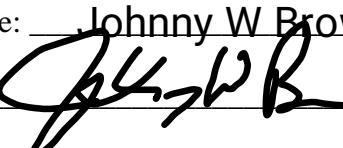
Description of Repairs

I removed and replaced all they failing and failed recessed fixtures in the male latrine on the first floor

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Johnny W Brown Date: 08/03/21

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: Laura Nguyen Date: 08/03/21

Signed: 

E-Mail: _____

