

**CERTIFICATION OF WORK
SERVICE CALL**

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

FACID/Building: MD002 B-2 Date of Visit: 04/05/21

Contractor Personnel on Site:

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

Service Call Number

CSS# 29741 WO# 13966

Description of Repairs

I removed 3 defective flush valves. 2 in the mens room and
1 in the ladies room.

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Johnny W Brown Date: 04/05/21

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 Darnell Currington Date: 04/05/21

Signed: 

E-Mail: _____

