

**CERTIFICATION OF WORK  
SERVICE CALL**

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

FACID/Building: VA048 Date of Visit: 05/04/21

Contractor Personnel on Site:

- |                        |          |
|------------------------|----------|
| 1. <u>Will Schultz</u> | 4. _____ |
| 2. _____               | 5. _____ |
| 3. _____               | 6. _____ |

**Service Call Number**

CSS# 30219 WO# 14145

**Description of Repairs**

Repaired 2 toilets in the women's restroom and 2 in the men's restroom. Replaced vacuum breakers in all 4 toilets.

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\_\_\_\_\_

\_\_\_\_\_

**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: William Schultz Date: 05/04/21

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. Campbell Date: 05/04/21

Signed: 

E-Mail: \_\_\_\_\_

