

**CERTIFICATION OF WORK  
SERVICE CALL**

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

FACID/Building: MD002 B-7 Date of Visit: 07/23/21

Contractor Personnel on Site:

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

**Service Call Number**

CSS# 30499 WO# 14171

**Description of Repairs**

I removed damaged ceilingtile and replaced them with new ones

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Johnny W Brown Date: 07/23/21

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: 07/23/21

Signed: 

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

