

**CERTIFICATION OF WORK  
SERVICE CALL**

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

FACID/Building: DE001-B2 Date of Visit: 04/15/22

Contractor Personnel on Site:

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

**Service Call Number**

CSS# 34970 WO# 16874

**Description of Repairs**

I removed broken window and frame. I delivered it to  
repair shop and picked it up and re-installed window.

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\_\_\_\_\_

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**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: John Brown Date: 04/15/22

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: Jason Gavin Date: 04/15/22

Signed: 

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

