

**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

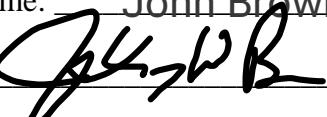
Description of Repairs

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

CERTIFICATION OF WORK

To be signed by the Contractor:

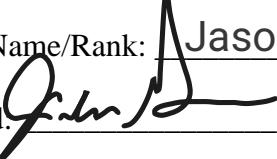
Print Name: John Brown Date: 04/15/22

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: _____

