

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: 04/01/22

Contractor Personnel on Site:

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

Service Call Number

CSS# 35153 WO# 16905

Description of Repairs

I replaced 1 standard ballast and 1 emergency ballast

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Johnny W Brown Date: 04/01/22

Signed: John B.

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: Capt Marlin Lynch Date: 04/01/22

Signed: W. H. H.

E-Mail: _____

