

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

FACID/Building: MDO19

Date of Visit: 6/8/22

Contractor Personnel on Site:

1. Josh Stephenson
2. \_\_\_\_\_
3. \_\_\_\_\_

4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

**Service Calls – Service Call Number and Description**

1. Turn Building water off & Drain building. Cut out
2. Leaking 2" 90 on Hot water line and Replaced
3. with new Press 90° Coupling, Same w/ 1" line repair  
w/o # 17763 Leaking Urinal (Right) in 1st floor Men's Rm.  
CSS # 577 Turned water back on to building and bleed Air  
from lines.

**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Josh Stephenson

Date: 6/8/22

Signed: Josh Stephenson

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 GWIN AFOS

Date: 6/8/22

Signed: Jason Gwin

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







