

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

FACID/Building: MD019

Date of Visit: 6/8/22

Contractor Personnel on Site:

- | | |
|---------------------------|----------|
| 1. <u>Josh Stephenson</u> | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 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° + Caping. Same w/ 1" line repaired
- w/o # 17763 leaking Urinal (Right) in 1st floor Men's Rm.
CSS # 577 Turned water back on to building and bled Air
from lines.

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Josh Stephenson

Date: 6/8/22

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 AFOS

Date: 6/8/22

Signed: _____

E-Mail: _____







CRANE
PLUMBING



