

**CERTIFICATION OF WORK
SERVICE CALL**

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

FACID/Building: MD002 B-1 Date of Visit: 08/04/22

Contractor Personnel on Site:

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

Service Call Number

CSS# 802 WO# 17799

Description of Repairs

removed 60 tubess and replaced them with LED tubes
and removed 12 damaged ceiling tiles and replaced with

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Johnny W Brown Date: 08/04/22

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: Laura Nguyen Date: 08/04/22

Signed: 

E-Mail: _____



