

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

FACID/Building: MD019 Date of Visit: OCT 22, 2020

Contractor Personnel on Site:

- | | |
|-----------------|----------|
| 1. <u>CHRIS</u> | 4. _____ |
| 2. <u>JOE</u> | 5. _____ |
| 3. _____ | 6. _____ |

Work Performed:

Service Calls – Service Call Number and Description

1. CSS# _____ WO# 11979
2. Description of repairs :

REPLACE MOTOR AND COUPLING ON PUMP P-1B

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: CHRIS TROTTER Date: 10/22/20

Signed: 

To be signed by Facility Manager or Government Official

I certify that the above named individuals representing the Contractor arrived on site and to the best of my knowledge, completed the stated work listed:

Print Name/Rank: William Shaffer SFC Date: 22 OCT 20

Signed: 

E-Mail: _____

