

**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 :

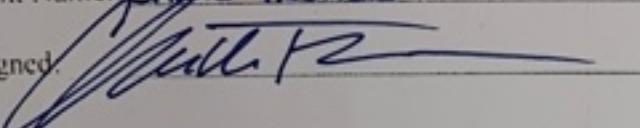
REPLACE MOTOR AND COUPLING ON PUMP P-1B

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**CERTIFICATION OF WORK**

To be signed by the Contractor:

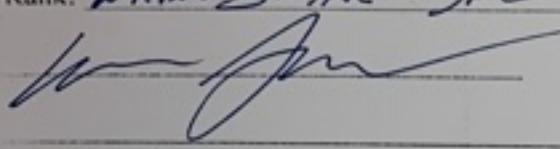
Print Name: CHRIS TROTTER Date: 10/22/20

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 SHAFRAZ SFC Date: 22 OCT 20

Signed: 

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

