

**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: 10/22/20

Contractor Personnel on Site:

1. John Brown
2. _____
3. _____
4. _____
5. _____
6. _____

Service Call Number

CSS# _____ WO# 13111

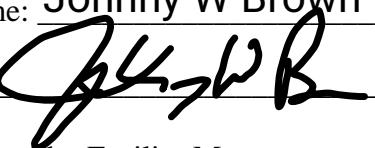
Description of Repairs

I removed old circulating pump and replaced it with a new one.
while removing the old one , an old solder joint came free. si
had to remove the old fitting, clean it up and resolder it.

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Johnny W Brown Date: 10/22/20

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: _____ Date: _____

Signed: _____

E-Mail: _____

