

**CERTIFICATION OF WORK
SERVICE CALL**

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

FACID/Building: MD 002 B-1 Date of Visit: 1/2/19

Contractor Personnel on Site:

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

Service Call Number

CSS# 16212 WO# 6447

Description of Repairs

disassemble Panic bar and resecure Key cylinder
and reassemble Panic bar.

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Johnny W. Brown Date: 1/2/19

Signed: J.W.B.

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: LAMONTAGNE JONAH SFC Date: 0102/19

Signed: J.W.B.

E-Mail:



