

SERVICE CALL CERTIFICATION OF WORK

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

FACID/Building: MP013 Date of Visit: 1/9/18

Contractor Personnel on Site:

- | | |
|-----------------------|----------|
| 1. <u>FIRST CLASS</u> | 4. _____ |
| 2. <u>Plumbing</u> | 5. _____ |
| 3. _____ | 6. _____ |

Work Performed:

Service Calls – Service Call Number and Description

1. CSS# _____ WO# 1164 ASSET # 1529
2. Description of repairs :

Pump out Grease TRAP

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name:

Shawn Palmer

Date:

1/9/18

Signed:

[Signature]

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: Gleason R. Umberger Jr, GS-13 Date: 9 Jan 2018

Signed:

[Signature]

E-Mail:

gleason.umberger.civ@mail.mil



