

CERTIFICATION OF WORK SERVICE CALL

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

FACID/Building: MD019 B-1 Date of Visit: 11/18/20

Contractor Personnel on Site:

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

Service Call Number

CSS# 25291 WO# 13177

Description of Repairs

I reattached dispenser into the bathroom partition.

CERTIFICATION OF WORK

To be signed by the Contractor:

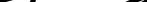
Print Name: Johnny W Brown Date: 11/18/20

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: SFC William schaffer Date: 11/18/20

Signed: 

E-Mail:

