

SERVICE CALL CERTIFICATION OF WORK

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

FACID/Building: MD020

Date of Visit: DEC. 8, 2020

Contractor Personnel on Site:

- | | |
|-----------------|----------|
| 1. <u>CHRIS</u> | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Work Performed:

Service Calls – Service Call Number and Description

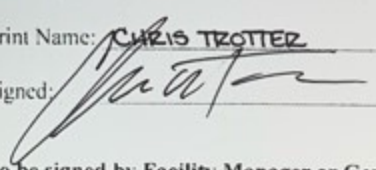
1. CSS# 27998 WO# 13322
2. Description of repairs :

REPAIR PARTS ON SLOAN VALVE OF TOILET

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: CHRIS TROTTER Date: 12/8/20

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: _____ Date: _____

Signed: _____

E-Mail: _____

*NATHAN RIGNEY NOT ONSITE

