

**SERVICE CALL CERTIFICATION OF WORK**  
(To be completed by the Contractor and saved in the Contractor's CMMS)

FACID/Building: MDO20 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**

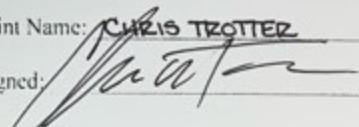
1. CSS# 27998 WO# 13322  
2. Description of repairs :

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

