

**CERTIFICATION OF WORK
SERVICE CALL**

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

FACID/Building: NY 010-01 Date of Visit: 01/09/24

Contractor Personnel on Site:

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

Service Call Number

CSS# 96369 WO# 14792

Description of Repairs

removed bad flush valve and installed new. Flushed toilet 5x operation OK

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Bill Davis Date: 01/09/24

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: John F. Granata AFOS Date: 01/22/2024

Signed: 

E-Mail: john.f.granata.ctr@army.mil