

**CERTIFICATION OF WORK
SERVICE CALL**

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

FACID/Building: WV014 Date of Visit: 5-2-25

Contractor Personnel on Site:

- | | |
|-----------------------|----------|
| 1. <u>Alan Thorne</u> | 4. _____ |
| 2. <u>RS Sandling</u> | 5. _____ |
| 3. _____ | 6. _____ |

Service Call Number

FEMS# 2935027 WO# 17347

Description of Repairs

Replaced gaskets on 2 wall hung toilets. Installed 4 3.5
sloan kits.

CERTIFICATION OF WORK

To be signed by the Contractor:

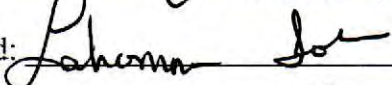
Print Name: David Wiltse Date: 5-5-25

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: Lahanna Fowler, GS9 Date: 20250502

Signed: 

E-Mail: Lahanna.d.fowler.civ@army.mil

