

**CERTIFICATION OF WORK
SERVICE CALL**

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

FACID/Building: NV116 New Windsor Date of Visit: 7/1/21

Contractor Personnel on Site:

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

Service Call Number

CSS# 31349 WO# 13991

Description of Repairs

Arrived on site and discovered Gate and Operator
was in need of adjustments Made all adjustments
and gate and operator was 100% operational.

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Keith Pearson Date: 7/1/21

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: _____ Date: _____

Signed: No Personnel Available at

E-Mail: the time service was completed