

**CERTIFICATION OF WORK  
SERVICE CALL**

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

FACID/Building: \_\_\_\_\_ Date of Visit: \_\_\_\_\_

Contractor Personnel on Site:

- |          |          |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

**Service Call Number**

CSS#            96761 WO# \_\_\_\_\_

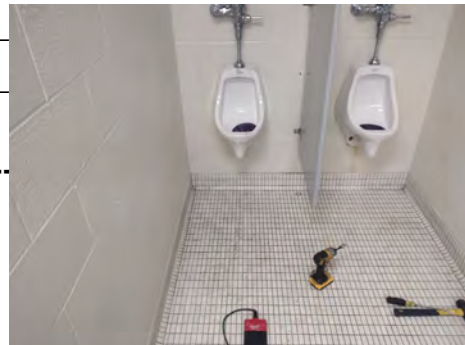


**Description of Repairs**

\_\_\_\_\_  
\_\_\_\_\_



**CERTIFICATION OF WORK**



To be signed by the Contractor:

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signed: Julie Pope

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: Jennifer A Bailie Date: 3/26/2024

Signed: Jennifer A Bailie

E-Mail: jennifer.a.bailie.ctr@army.mil