

**CERTIFICATION OF WORK
SERVICE CALL**

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

FACID/Building: MP021 Date of Visit: 9/12/2022

Contractor Personnel on Site:

1. <u>B. Davis</u>	4. _____
2. _____	5. _____
3. _____	6. _____

Service Call Number

CSS# 837 WO# 17789

Description of Repairs

Installed module, need relay.

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Lindsay Ruby Date: 9/14/2022

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: _____

E-Mail: _____