

**CERTIFICATION OF WORK
SERVICE CALL**

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

FACID/Building: PA035 Date of Visit: _____

Contractor Personnel on Site:

- | | |
|--------------------------|----------|
| 1. <u>JASON NAGEOTTE</u> | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Service Call Number

CSS# 17598 WO# 7565

Description of Repairs

OPEN DOOR AND Repair Lock & ADJUST STRIKE

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: JASON NAGEOTTE Date: 2-6-19

Signed: JASON NAGEOTTE

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: McDermid Date: FEB 6 2019

Signed: _____

E-Mail: _____

CAUTION

Radioactive
Materials

OFF LIMITS

TO

UNAUTHORIZED
PERSONNEL

NOTICE

No Eating, Drinking,
Smoking or Applying
of Cosmetics is
Permitted in this Area

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