

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. JASON Nageotte
2. _____
3. _____
4. _____
5. _____
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: M. Nageotte Date: Feb 6 2019

Signed: M. Nageotte

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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