## CERTIFICATION OF WORK
## SERVICE CALL

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

FACID/Building: PA063 Date of Visit: 23 JAN 19

Contractor Personnel on Site:

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

**Service Call Number**

CSS# 17208 WO# 7221

**Description of Repairs**

REPLACE BAD LIGHT FIXTURE

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## CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: [illegible] Date: 23 JAN 19

Signed: [signature]

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: GS09 Heaman, Ron Date: 23 JAN 19

Signed: [signature]

E-Mail: ronald.j.heaman.mil@mail.mil