

WO# 89318
Q# 8959

**CERTIFICATION OF WORK
SERVICE CALL**

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

FACID/Building: WV007 Date of Visit: 8.30.23

Contractor Personnel on Site:

- | | |
|-----------------------------|----------|
| 1. <u>ANTHONY CACCIULLI</u> | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Service Call Number

CSS# 93049 WO# _____

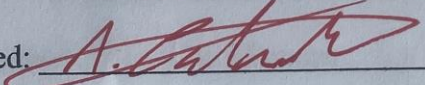
Description of Repairs

PROGRAM + INSTALL X2 OOLHC DETECTORS

CERTIFICATION OF WORK

To be signed by the Contractor:

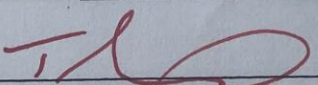
Print Name: ANTHONY CACCIULLI Date: 8.30.23

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: THOMAS MCBURN Date: 8/30/23

Signed: 

E-Mail: _____

