

Branch  
Facility  
Address

Project

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### CERTIFICATION OF WORK SERVICE CALL

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

FACID/Building: WV006 Date of Visit: 8-29-23

Contractor Personnel on Site:

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

Service Call Number

CSS# 94849 WO# 13848

Description of Repairs

Removed existing dog house enclosure from the duct work. Measured out the angles so the coil would be open. Installed new wood supports and cut and secured the sheet metal.

### CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Brandon Fulks Date: 8-29-23

Signed: Brandon Fulks

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 MCBURNETT Date: 8/29/23

Signed: [Signature]

E-Mail: \_\_\_\_\_