

**CERTIFICATION OF WORK  
SERVICE CALL**

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

FACID/Building: 006 Date of Visit: 11-28-23

Contractor Personnel on Site:

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

**Service Call Number**

CSS# \_\_\_\_\_ WO# 202552

**Description of Repairs**

Performed a building walk through  
to check on the hot water coils  
in the offices.

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**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Brandon Fulls Date: 11-28-23

Signed: Brandon Fulls

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 McBURNEY Date: 11/28/23

Signed: TH

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