

CERTIFICATION OF WORK
SERVICE CALL

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

FACID/Building: Conneaut Lake Date of Visit: _____

Contractor Personnel on Site:

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

Service Call Number

CSS# 96821 WO# 15194

Description of Repairs

Access control Repair

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Paul Lawrence Date: _____

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: Cynthia Grayle Date: 5-15-24

Signed: Cynthia Grayle

E-Mail: _____