

CERTIFICATION OF WORK
SERVICE CALL

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

FACID/Building: Connect Lake Date of Visit: _____

Contractor Personnel on Site:

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

Service Call Number

CSS# 9682 WO# 15194

Description of Repairs

Access control Repair

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Paul Larivasse Date: _____

Signed: PL

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 Crayle Date: 5-15-24

Signed: Cynthia Crayle

E-Mail: _____