

**CERTIFICATION OF WORK
SERVICE CALL**

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

FACID/Building: WV009 Date of Visit: 12/2/2024

Contractor Personnel on Site:

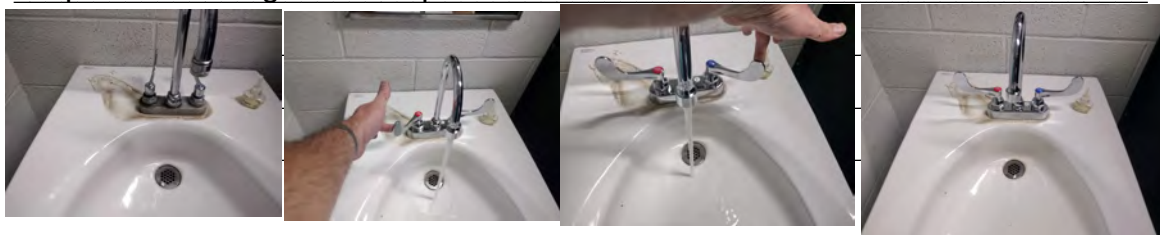
- | | |
|------------------------|----------|
| 1. <u>Ricky Barker</u> | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Service Call Number

CSS# 98459 WO# 16157

Description of Repairs

Replaced 4' T8 lights and replaced faucet in downstairs bathroom.



CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Richard A. Barker Date: 12/2/2024

Signed: *Richard A. Barker*

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: _____ Jennifer Bailie /AFOS_ Date: 12/10/2024

Signed: *Jennifer A Bailie*

E-Mail: jennifer.a.bailie.ctr@army.mil