

**CERTIFICATION OF WORK  
SERVICE CALL**

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

FACID/Building: WV022 Date of Visit: 11-14-2024

Contractor Personnel on Site:

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

**Service Call Number**

CSS# 98882 WO# 16630

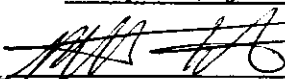
**Description of Repairs**

Replaced Light over Gym door  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CERTIFICATION OF WORK**

To be signed by the Contractor:


Print Name: Matthew Wright Date: 11-14-2024

Signed: 

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: Andrew Rodheaver Date: 14 Oct 24

Signed: 

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

