

## CERTIFICATION OF WORK SERVICE CALL

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

FACID/Building: \_\_\_\_\_ Date of Visit: \_\_\_\_\_

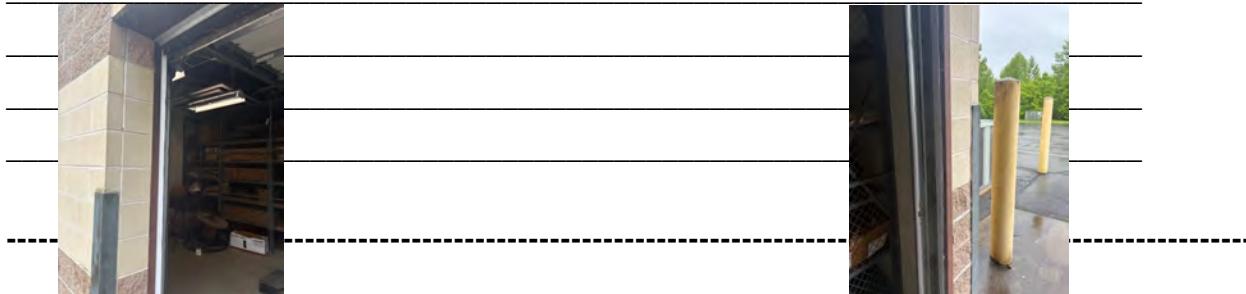
Contractor Personnel on Site:

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

### Service Call Number

FEMS# \_\_\_\_\_ WO# 19168

### Description of Repairs



### CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

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: \_\_\_\_\_ Date: \_\_\_\_\_

Signed: Jennifer A Baile \_\_\_\_\_

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