

**CERTIFICATION OF WORK
SERVICE CALL**

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

FACID/Building: WV010 Date of Visit: _____

Contractor Personnel on Site:

- | | |
|-------------------------------|----------|
| 1. <u>CUSTOM CONSTRUCTION</u> | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Service Call Number

FEMS# 2966213 WO# 19157

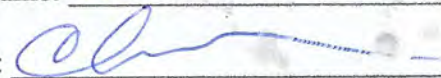
Description of Repairs

ROOF LEAK + CEILING TILE REPAIR

CERTIFICATION OF WORK

To be signed by the Contractor:

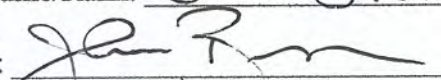
Print Name: CHRISTAN M. SORE Date: 6-26-25

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: JOHN BERGER GS09 Date: 6-26-25

Signed: 

E-Mail: john.a.berger.civ@army.mil

