

CERTIFICATION OF WORK
SERVICE CALL

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

FACID/Building: Bluefield w/r Date of Visit: 5-28-25

Contractor Personnel on Site:

1. Keith Pearson
2. Wyatt Rose
3. _____
4. _____
5. _____
6. _____

Service Call Number

CSS# _____ WO# _____

Description of Repairs

Replaced entire gate operator. Re-terminated
programmed, tested & demonstrated to on site
staff.

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Keith Pearson Date: 5-28-25

Signed: [Signature]

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: Mr. Thomsen, Wesley R Date: _____

Signed: [Signature]

E-Mail: Wesley.R.Thomsen.civ@army.mil