

**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# _____

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: Thomas Mcburney Date: 20250519

Signed: *Thomas m mcburney*

E-Mail: _____

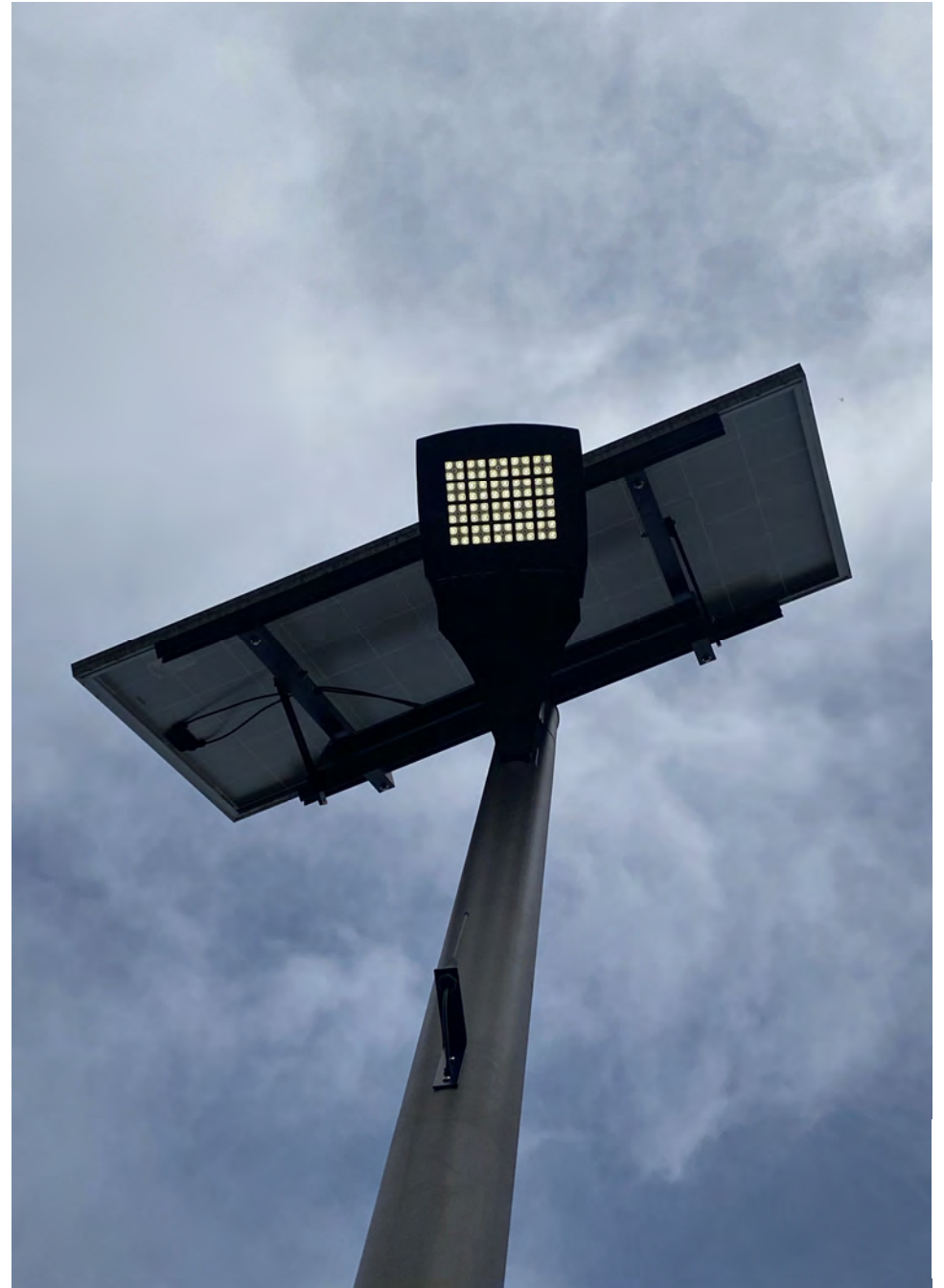
OMS Front Wall Pack Before and After 4/1/2025.



POV Pole Light #1 4/1/2025.



POV Pole Light #2 4/1/2025.



POV Pole Light #3 4/1/2025.

