

**CERTIFICATION OF WORK  
SERVICE CALL**

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

FACID/Building: WV020 Jane Lew Date of Visit: 10-16-25

Contractor Personnel on Site:

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

**Service Call Number**

FEMS# 3114271 WO# 18786

**Description of Repairs**

ADJUSTED DOOR LATCHES (AFFECTING DOOR BUZZER)

\_\_\_\_\_


\_\_\_\_\_

\_\_\_\_\_

**CERTIFICATION OF WORK**

To be signed by the Contractor:

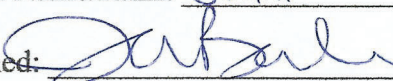
Print Name: CHRISTIAN MOORE Date: 8-20-25

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: Jennifer A Baile Date: 8-20-25

Signed: 

E-Mail: jennifer.a.baile.ctr@army.mil