

**CERTIFICATION OF WORK
SERVICE CALL**

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

FACID/Building: WV029 Date of Visit: 3-20-26

Contractor Personnel on Site:

- 1. CUSTOM CONSTRUCTION
- 2. _____
- 3. _____



Service Call Number

FEMS# 3462323 WO# 20948

Description of Repairs

REMOVED TREE + PLANTED GRASS



CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: CHRISTIAN MOORE Date: 3-20-26

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: _____

E-Mail: _____