

**CERTIFICATION OF WORK
SERVICE CALL**

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

FACID/Building: NY010 Date of Visit: 2/5/19

Contractor Personnel on Site:

1. ERIK KeyPA 4. _____
2. _____ 5. _____
3. _____ 6. _____

Service Call Number

CSS# 17238 WO# 7464

Description of Repairs

Replace Planning Ass'y

CERTIFICATION OF WORK

To be signed by the Contractor:

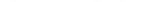
Print Name: ERIK KRIST Date: 2/5/19

Signed: John Doe

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 Doe Date: 2/5/19

Signed: 

E-Mail:

WARRANTY
VOID IF THIS
LABEL IS
REMOVED

F81 V01164



