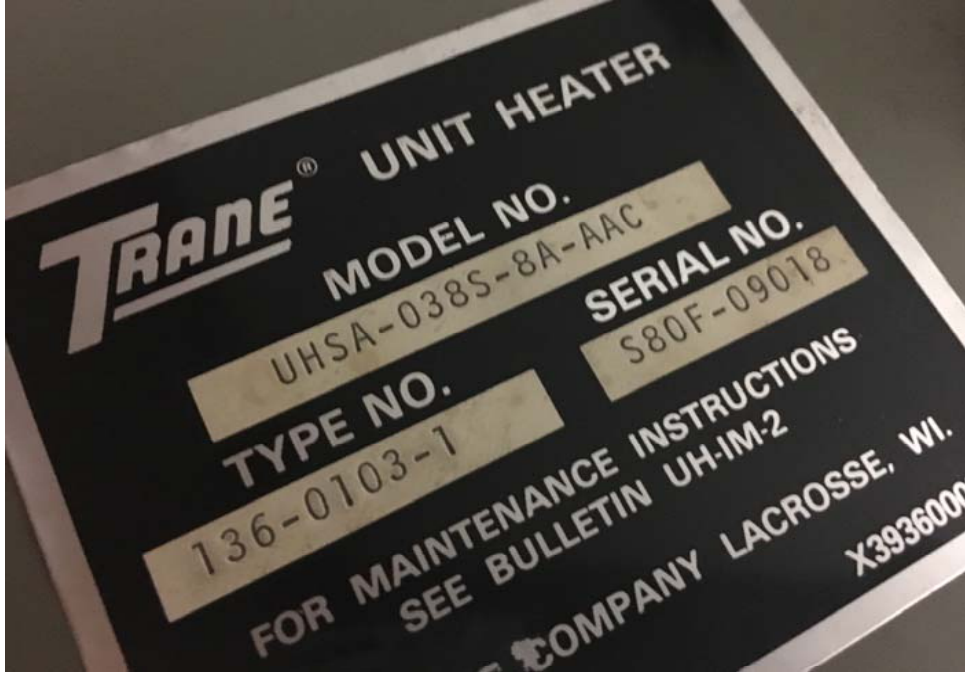




**CERTIFICATION OF WORK
SERVICE CALL**

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

FACID/Building: WV041 Date of Visit: 1/25/19

Contractor Personnel on Site:

1. Dale Dobrich
2. _____
3. _____
4. _____
5. _____
6. _____

Service Call Number
CSS# 17090 WO# 7143

Description of Repairs
Bad Fan Motor Must Quote to Replace

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Dale Dobrich Date: 1/25/19

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: SSG JN PAUL Date: 1/25/19

Signed: [Signature]

E-Mail: _____