

**CERTIFICATION OF WORK
SERVICE CALL**

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

FACID/Building: VA049

Date of Visit: 28 May 20

Contractor Personnel on Site:

- | | |
|--------------------------|----------|
| 1. <u>THOMAS BUCKLEY</u> | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Service Call Number

CSS# 25056 WO# 12182

Description of Repairs

KNOB RETAINING CLIP CAME LOOSE
DISASSEMBLE / CORRECT / INSTALL.
STRIKE PLATE ON FRAME WORN
CAUSING DOOR NOT TO CLOSE
EASILY. REPLACE STRIKE

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: THOMAS BUCKLEY
ANDERSON, MARK Date: 28 MAY 20

Signed: _____

THOMAS BUCKLEY

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: ANDERSON, MARK, GS-12 Date: 28 MAY 20

Signed: _____

MARK S. ANDERSON

E-Mail: MARK.S.ANDERSON7.MIL@MAIL.MIL





