

**CERTIFICATION OF WORK
SERVICE CALL**

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

FACID/Building: Jane hwy, WV
WV020 Date of Visit: 9/26/2023

Contractor Personnel on Site:

- | | |
|-------------------------|----------|
| 1. <u>Keith Pearson</u> | 4. _____ |
| 2. <u>Logan Doucas</u> | 5. _____ |
| 3. _____ | 6. _____ |

Service Call Number

CSS# 94986 WO# 13859

Description of Repairs

Replaced BMS and tested for proper
operation. System was fully functional at
the time of departure.

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Keith Pearson Date: 9/26/2023

Signed: [Signature]

To be signed by Facility Manager:

No personnel avail. @ time of service

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: _____