

**CERTIFICATION OF WORK
SERVICE CALL**

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

FACID/Building: Galax VA **VA033** Date of Visit: 10-22-24

Contractor Personnel on Site:

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

Service Call Number

CSS# **99095** WO# **Est #2575**

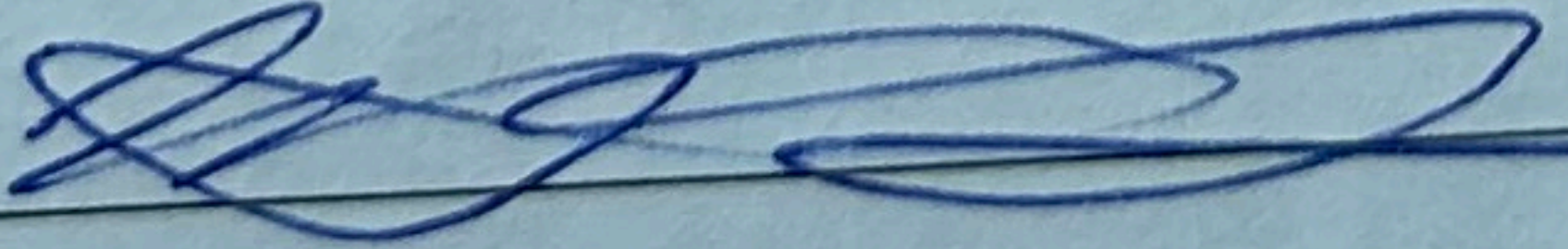
Description of Repairs

Performed Full Function test of IDS
System w/Fort McCoy. Tested Normal
@ time of CALL

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Keith Pearson Date: 10-22-24

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: _____