

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. Keith Pearson
2. Bryan Lo Russo
3. \_\_\_\_\_

4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

Service Call Number

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

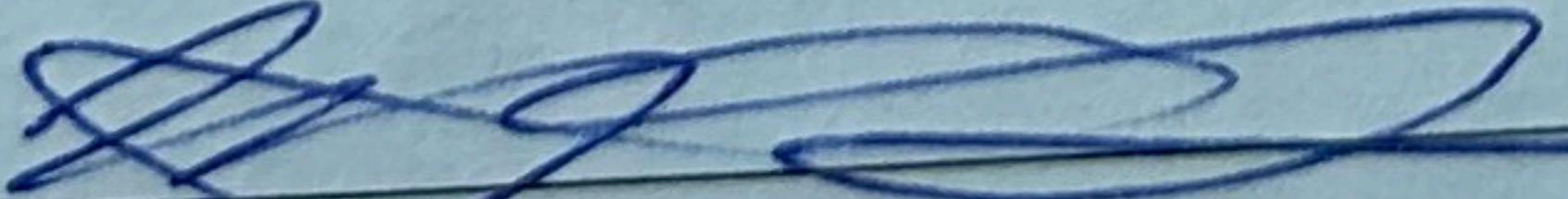
Description of Repairs

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: \_\_\_\_\_