

CERTIFICATION OF WORK
SERVICE CALL

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

FACID/Building: DE007 Date of Visit: 10/2 - 10/3

Contractor Personnel on Site:

- | | |
|---------------------|----------|
| 1. <u>Sam Kutz</u> | 4. _____ |
| 2. <u>Joe Moore</u> | 5. _____ |
| 3. _____ | 6. _____ |

Service Call Number

CSS# 12290 WO# 3428

Description of Repairs

Removed and installed end posts. Reattached fencing materials and painted to match.

CERTIFICATION OF WORK

To be signed by the Contractor:

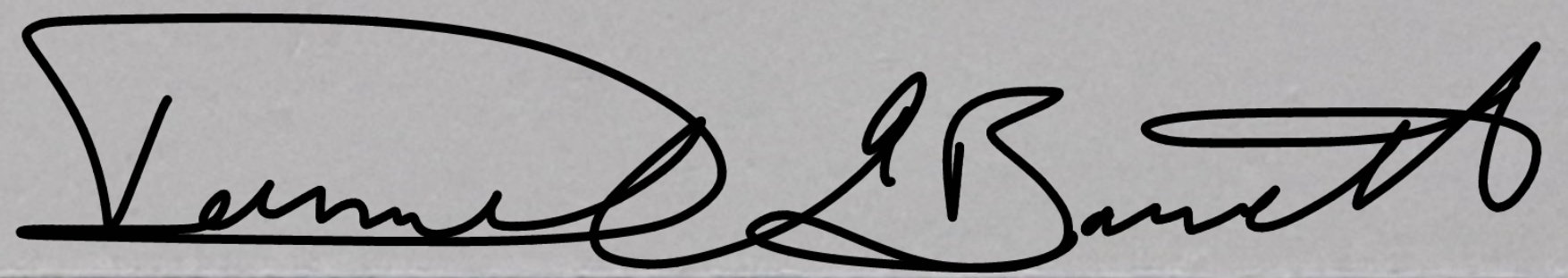
Print Name: Sam Kutz Date: 10/3/2019

Signed: Sam Kutz

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: Danielle Barrett Date: 20191011

Signed: 

E-Mail: _____





