

**CERTIFICATION OF WORK  
SERVICE CALL**

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

FACID/Building: NY010 Date of Visit: 10/23/2024

Contractor Personnel on Site:

- |                        |          |
|------------------------|----------|
| 1. <u>Josh Cupriks</u> | 4. _____ |
| 2. _____               | 5. _____ |
| 3. _____               | 6. _____ |

**Service Call Number**

CSS# 2897148 WO# 17047

**Description of Repairs**

Took water sample from the following 5 areas; Men's shower 1, Men's shower 4,  
Women's shower, drinking fountain, breakroom sink.

\_\_\_\_\_  
\_\_\_\_\_

**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Julie Pape Date: 11/6/2024

Signed: *Julie Pape*

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: Scott Kawski Date: 11/19/24

Signed: \_\_\_\_\_

E-Mail: scott.w.kawski.civ@army.mil