

**CERTIFICATION OF WORK
SERVICE CALL**

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

FACID/Building: New Castle PA Date of Visit: 4-30-25

Contractor Personnel on Site:

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

Service Call Number

CSS# 3071317 WO# 2671

Description of Repairs

Installed All New Cat 6 Cabling to monitors &
Aiphone Devices. Ran new power circuit for monitors
programmed, Deployed & tested All New Devices.
Trained Common Area Staff on use of New
System

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Keith Pearson Date: 4-30-25

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: _____