

**CERTIFICATION OF WORK
SERVICE CALL**

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

FACID/Building: WV020 Jane Lew Date of Visit: 10-16-25

Contractor Personnel on Site:

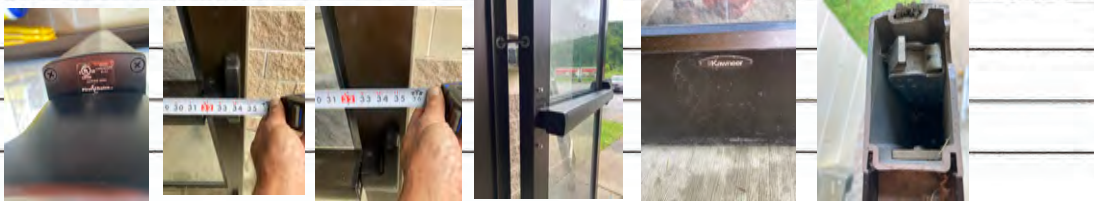
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|-------------------------------|----------|
| 1. <u>CUSTOM CONSTRUCTION</u> | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Service Call Number

FEMS# 3114271 WO# 18786

Description of Repairs


ADJUSTED DOOR LATCHES (AFFECTING DOOR BUZZER)



CERTIFICATION OF WORK

To be signed by the Contractor:


Print Name: CHRISTIAN MOORE Date: 8-20-25

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: Jennifer A Baile Date: 8-20-25

Signed: 

E-Mail: jennifer.a.baile.ctr@army.mil