

**CERTIFICATION OF WORK
SERVICE CALL**

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

FACID/Building: _VA009_____ Date of Visit: _____

Contractor Personnel on Site:

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

Service Call Number

CSS# ____30834_____ WO# ____14674_____

Description of Repairs

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: _____ Date: _____

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: Donald L Huson

E-Mail: _____