

**CERTIFICATION OF WORK
SERVICE CALL**

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

FACID/Building: VA050-01 Date of Visit: 07-22-22

Contractor Personnel on Site:

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

Service Call Number

CSS# 1107 WO# 18325

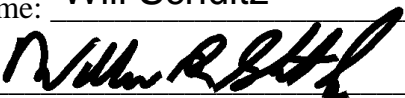
Description of Repairs

Found emergency exit light broke and not
able to repair. Ordered new exit light and
installed.

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Will Schultz Date: 07-22-22

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: 07-22-22

Signed: _____

E-Mail: _____

