

## CERTIFICATION OF WORK SERVICE CALL

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

FACID/Building: DE002 Date of Visit: 11/27/18

Contractor Personnel on Site:

1. Jason Giroso
2. Ryan Lucas
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

Service Call Number

CSS# 12394 WO# 3287

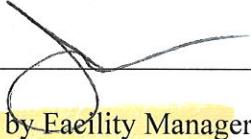
### Description of Repairs

Remove / Re-arrange (1) bottom screen, (4) ELECTRIC SAFETY  
CAGE, (1) LITE, SERVICE AREA ADJUST ALL DOORS.

## CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Joseph Lucas Date: 12/11/18

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: Hise, William W69 Date: 12 DEC 18

Signed: 

E-Mail: 



