

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. <u>Jason Gironso</u> | 4. _____ |
| 2. <u>Ryan Lucas</u> | 5. _____ |
| 3. _____ | 6. _____ |

Service Call Number

CSS# 12394 WO# 3287/3463

Description of Repairs

Remove/Replace (1) Bottom Section, (1) Electrical Safety
Edge, (1) LITE, Service All 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 WG9 Date: 12 DEC 18

Signed: _____

E-Mail: _____



