

CERTIFICATION OF WORK SERVICE CALL

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

FACID/Building: DE007 Date of Visit: 4-11-2019

Contractor Personnel on Site:

1. MIKE EBBERT
2. JOHN FOX
3. _____
4. _____
5. _____
6. _____

Service Call Number

CSS# 16046 WO# 8031

Description of Repairs

REPLACE SAFETY CONTROL MODULE
TEST FUNCTION OF SAFETY EDGE

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: MIKE EBBERT Date: 4-11-2019

Signed: M.E.

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: Luis Tovar / SGT Date: _____

Signed: Luis Tovar

E-Mail: _____





