

CERTIFICATION OF WORK SERVICE CALL

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

FACID/Building: DE007 Date of Visit: 10/25/19

Contractor Personnel on Site:

1. LAWRENCE CARLISLE 4. _____
2. ANDREW MASON 5. _____
3. _____ 6. _____

Service Call Number

WO# 6594 6405

Description of Repairs

INSTALL LAMPS & BALLASTS TO EXTERIOR LIGHT POLES; 6 LAMP, 5 BALLAST KITS; ADDITIONAL WORK AT NO CHARGE;

CERTIFICATION OF WORK

**See field ticket #109561 for customer's signature

To be signed by the Contractor:

Print Name: KAREN LARKIN Date: 10/25/19

Signed: James D. Willis

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:

E-Mail:

