

**CERTIFICATION OF WORK
SERVICE CALL**

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

FACID/Building: MD005 Date of Visit: _____

Contractor Personnel on Site:

- | | |
|-----------------------|----------|
| 1. <u>RICKY TYLER</u> | 4. _____ |
| 2. <u>MIKE LEE</u> | 5. _____ |
| 3. _____ | 6. _____ |

Service Call Number

CSS# 16781 WO# 6872

Description of Repairs

FIX WINDOW

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: RICKY TYLER Date: 1-23-19

Signed: Ricky Tyler

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: JASON GAVIN AFOS Date: 1/23/19

Signed: Jason Gavin

E-Mail: jason.d.gavin.ctr@mail.mil



