

**CERTIFICATION OF WORK  
SERVICE CALL**

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

FACID/Building: DE007 Date of Visit: 02/07/2019

Contractor Personnel on Site:

- |                             |          |
|-----------------------------|----------|
| 1. <u>MARTY SCARBOROUGH</u> | 4. _____ |
| 2. _____                    | 5. _____ |
| 3. _____                    | 6. _____ |

**Service Call Number**

CSS# 16827 WO# 6888

**Description of Repairs**

**MOTION SENSORS/BREAKER WORK**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

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: K.P. Augustin, RFOS Date: 19 FEB 2019

Signed: 043702560  
AUGUSTIN.KENNETH.PETER.1 Digitally signed by  
AUGUSTIN.KENNETH.PETER.1043702560  
Date: 2019.02.19 14:54:09 -05'00'

E-Mail: kenneth.p.augustin.civ@mail.mil

























