

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. **MARTY SCARBOROUGH** 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

AUGUSTIN.KENNETH.PETER.1 043702560 Digitally signed by AUGUSTIN.KENNETH.PETER.1043702560 Date: 2019.03.19 14:54:09 -05'00'

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

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



















