SERVICE CALL CERTIFICATION OF WORK
(To be completed by the Contractor and saved in the Contractor's CMMS)

FACID/Building: DE007 Date of Visit: 10-3 thru 10-8

Contractor Personnel on Site:

1. Sam Kutz
2. Bruce Oliver
3. Joe Moore
4. _____
5. _____
6. _____

Work Performed:

Service Calls – Service Call Number and Description

1. **CSS#** 18607 **WO#** 8447
2. **Description of repairs :**

Install 600 lineal feet of 6"x6" pressure treated lubber around outside perimeter fence

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Sam Kutz Date: 10-8-19

Signed: Sam Kutz

To be signed by Facility Manager or Government Official

I certify that the above named individuals representing the Contractor arrived on site and to the best of my knowledge, completed the stated work listed:

Print Name/Rank: Danielle Barnett Date: 10.8.19

Signed: Danielle Barnett

E-Mail: _____


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