

**CERTIFICATION OF WORK
SERVICE CALL**

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

FACID/Building: VA006

Date of Visit: 11/5/19

Contractor Personnel on Site:

- | | |
|----------------------------------|----------|
| 1. <u>Browns Lock & Safe</u> | 4. _____ |
| 2. <u>Robert Stevens</u> | 5. _____ |
| 3. _____ | 6. _____ |

Service Call Number

CSS# 20663

WO# 10147

Description of Repairs

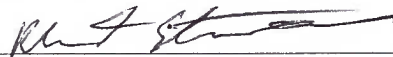
Lock seized up from the weather change
Lock was disassembled and lubricated

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Robert Stevens

Date: 11/5/19

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: Samie Watson / SFC Date: 20191105

Signed: 

E-Mail: _____



