

**CERTIFICATION OF WORK
SERVICE CALL**

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

FACID/Building: MD002

Date of Visit: 10-2-2020

Contractor Personnel on Site:

- | | |
|------------------------|----------|
| 1. <u>Chris Carter</u> | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Service Call Number

CSS# 20761

WO# 11558

Description of Repairs

Inst. fall new opener comm
new rail.

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Chris Carter

Date: 10-2-2020

Signed: [Signature]

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: SPC NWACHUKwu UDOCHUKwu

Date: 2/10/2020

Signed: [Signature]

E-Mail: Udochukwu.O.nwachukwu@mta.com



