

**CERTIFICATION OF WORK
SERVICE CALL**

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

FACID/Building: VA050 Date of Visit: 10-10-19

Contractor Personnel on Site:

- | | |
|----------------------|----------|
| 1. <u>Bill DAVIS</u> | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Service Call Number

CSS# 21414 WO# 11043

Description of Repairs

REMOVE WOOD & SCREWS. DRILLED NEW HOLES THRU WOOD, STEEL & CONCRETE.
RE ATTACHED WOOD. RE ASSEMBLED DOOR HARDWARE. OPERATION OK.

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Bill DAVIS Date: 10-10-19

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: CTR Angela W Williams-Taylor Date: 16 OCT 19

Signed: 

E-Mail: Angela.W.Williams.CTR@MAIL.MIL



Before



After