

**CERTIFICATION OF WORK  
SERVICE CALL**

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

FACID/Building: VA 050 Date of Visit: 10-18-19

Contractor Personnel on Site:

- |                         |          |
|-------------------------|----------|
| 1. <u>BILL DAVIS</u>    | 4. _____ |
| 2. <u>MIKE ANDERSON</u> | 5. _____ |
| 3. _____                | 6. _____ |

**Service Call Number**

CSS# 21454 WO# 11051

**Description of Repairs**

SCREWED DOOR STRIP TO FLOOR OFFICE 201

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\_\_\_\_\_

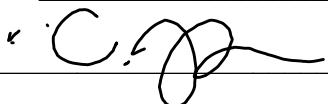
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**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: CHERICA TAYLOR Date: 10-18-19

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: BILL DAVIS Date: 10-18-19

Signed: 

E-Mail: \_\_\_\_\_

