

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. BILL DAVIS
2. MIKE ANDERSON
3. _____
4. _____
5. _____
6. _____

Service Call Number

CSS# 21454 WO# 11051

Description of Repairs

SCREWED DOOR STRIP TO FLOOR OFFICE 201

CERTIFICATION OF WORK

To be signed by the Contractor:

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

Signed: C. Taylor

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: B. Davis

E-Mail: _____

