

CERTIFICATION OF WORK SERVICE CALL

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

FACID/Building: VA050 Date of Visit: 3.16.20

Contractor Personnel on Site:

1. Richard Walker
2. _____
3. _____
4. _____
5. _____
6. _____

Service Call Number

CSS# 22160 WO# 11267

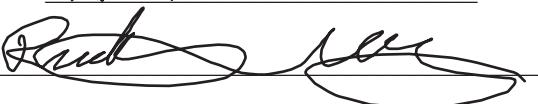
Description of Repairs

Removed Broken ceiling tiles. Found multiple Grid tee's/Runs damaged. Ordered parts. Supplier sent wrong parts. Obtained correct parts. Un-installed damaged drop ceiling. Installed new Grid and new ceiling Tiles.

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Richard Walker Date: 3.16.20

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: CPT Friend, T Date: 3.16.20

Signed: 

E-Mail: _____

