

**CERTIFICATION OF WORK
SERVICE CALL**

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

FACID/Building: V A 0 5 0 Date of Visit: 3.16.20

Contractor Personnel on Site:

- | | |
|--------------------------|----------|
| 1. <u>Richard Walker</u> | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 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:

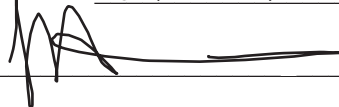
Print Name: Richard Walker Date: 3.16.20

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: _____

