

CERTIFICATION OF WORK SERVICE CALL

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

FACID/Building: Va050-01 Date of Visit: 07-28-21

Contractor Personnel on Site:

1. Will Schultz
2. _____
3. _____
4. _____
5. _____
6. _____

Service Call Number

css# 24261 wo# 13451

Description of Repairs

Repaired light fixture.

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Will Schultz Date: 07-28-21

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: _____ Date: 07-28-21

Signed: GRENIER.SCOTT.ANTHONY.1007219551 Digitally signed by
GRENIER.SCOTT.ANTHONY.1007219551 Date: 2023.07.28 15:29:05 -04'00'

E-Mail:

