

**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. <u>Will Schultz</u> | 4. _____ |
| 2. _____               | 5. _____ |
| 3. _____               | 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.ANT  
HONY.1007219551

Digitally signed by  
GRENIER.SCOTT.ANTHONY.10072  
19551  
Date: 2021.07.28 15:29:05 -04'00'

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

