

**CERTIFICATION OF WORK
SERVICE CALL**

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

FACID/Building: AMSA #90 Date of Visit: 10/27/21

Contractor Personnel on Site:

- | | |
|---------------------|----------|
| 1. <u>M.F. ANGE</u> | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Service Call Number

CSS# 25369 WO# 12455

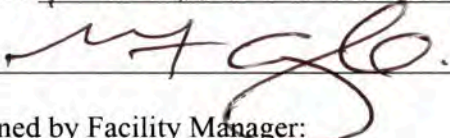
Description of Repairs

Install keypad on 1st office
door, program & test for proper
operation

CERTIFICATION OF WORK

To be signed by the Contractor:

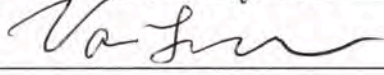
Print Name: MICHAEL F. ANGE Date: 10/27/21

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: Van Tran Date: 10-27-21

Signed: 

E-Mail: _____





Waiting HO 4P
+HQ 02 (engine/trans)
Gen 01 (engine)
FL 22 (trans/motoric)