

**CERTIFICATION OF WORK
SERVICE CALL**

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

FACID/Building: MO-02 Date of Visit: 1/12/2021

Contractor Personnel on Site:

- | | |
|--------------------------|----------|
| 1. <u>Brian Davis</u> | 4. _____ |
| 2. <u>Jeremy Smeaton</u> | 5. _____ |
| 3. _____ | 6. _____ |

Service Call Number

CSS# _____ WO# 12749

Description of Repairs

Fault in Dehumidifier for building 5 (actually 6)
Need to come back when it's warmer as there
is no humidity due to being cold.

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jeremy Smeaton Date: 1/12/2021

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: Chakese Jones E-4 Date: 1-12-21

Signed: _____

E-Mail: _____