

JEREMY SNEATHEN

CERTIFICATION OF WORK
SERVICE CALL

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

FACID/Building: MD-02 Date of Visit: 11/1/2021

Contractor Personnel on Site:

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

Service Call Number

CSS# _____ WO# 12413

Description of Repairs

Install new transformer for WAS 2

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jeremy Sneathen Date: 11/1/2021

Signed: [Signature]

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

Signed: [Signature]

E-Mail: _____

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