

**CERTIFICATION OF WORK
SERVICE CALL**

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

FACID/Building: VA099 Date of Visit: 2-24-21

Contractor Personnel on Site:

- | | |
|-----------------------|----------|
| 1. <u>Entry Guard</u> | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Service Call Number

CSS# 27290 WO# 13123

Description of Repairs

Install new gate arm.
Install gate arm support,

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jordan Martin Date: 2-24-21

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: Donald R. Huson Date: 2-24-21

Signed:  AOS.

E-Mail: _____





