

**CERTIFICATION OF WORK  
SERVICE CALL**

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

FACID/Building: VA050

Date of Visit: 12/2/2020

Contractor Personnel on Site:

7 12/8/2020

- |                                   |          |
|-----------------------------------|----------|
| 1. <u>Buckley Security SMITHS</u> | 4. _____ |
| 2. _____                          | 5. _____ |
| 3. _____                          | 6. _____ |

**Service Call Number**

CSS# 27399

WO# 13131

**Description of Repairs**

Drilled out lock cylinder's  
Ordered & Replaced Cylinder's  
Cut Duplicate Key's

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**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Bob Buckley Date: 12-9-20

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: CPT FRIEND Date: 12/8/20

Signed: "on invoice"

E-Mail: thessalonia.m.frend.mil@mail.mil









