

CERTIFICATION OF WORK

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

FACID/Building: VA 49

Date of Visit: 1/21/21

Contractor Personnel on Site:

- | | |
|-----------------------|----------|
| 1. <u>Ben Gholian</u> | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Service Calls -- Service Call Number and Description

- | | |
|---------------------|-------------------|
| 1. <u>WO# 13448</u> | <u>CSS# 27696</u> |
| 2. _____ | _____ |
| 3. _____ | _____ |

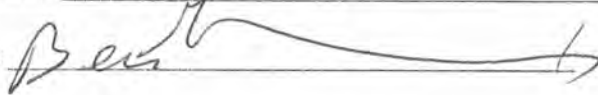
Replace provided X-10 locks & pm check on X2 Vault doors

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Ben Gholian

Date: 01/21/2021

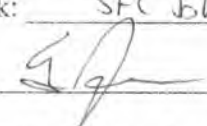
Signed: 

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: SFC Johnson, Timothy

Date: 21 Jan 2021

Signed: 

E-Mail: timothy.johnson@mil.mil





40282513

COVER REMOVAL
NOT RECOMMENDED



COVER REMOVAL
NOT RECOMMENDED

002603



CLOSED

GENERIC SERVICES ADMINISTRATION
APPROVED SECURITY WALL PANEL
HARRIS LITE CO., INC.

CLOSED





COVER REMOVAL
NOT RECOMMENDED

83082213







