

CERTIFICATION OF WORK

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

FACID/Building: VA-048 Date of Visit: 1-10-21

Contractor Personnel on Site:

- | | |
|-------------------------|----------|
| 1. <u>Keith Pearson</u> | 4. _____ |
| 2. <u>Chris DENIKE</u> | 5. _____ |
| 3. _____ | 6. _____ |

Service Calls – Service Call Number and Description

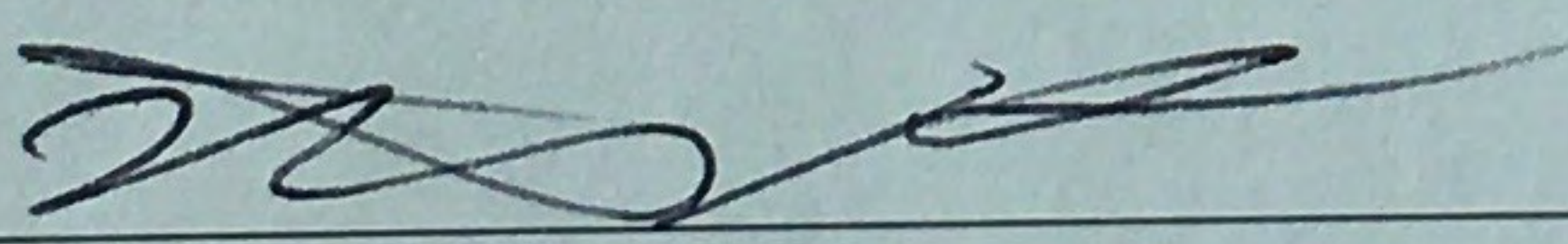
- | | |
|-----------------------|-------|
| 1. <u>EST - 1702</u> | _____ |
| 2. <u>CSS - 27758</u> | _____ |
| 3. <u>WO - 13308</u> | _____ |

Installed New Aiphone System for Amsa Gate

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Keith Pearson Date: 1-10-21

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: _____ Date: _____

Signed: _____

E-Mail: _____



AIPHONE
CALL

Linear

