

CERTIFICATION OF WORK
SERVICE CALL

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

FACID/Building: _____

Date of Visit: 1-5/1-11-21

Contractor Personnel on Site:

1. ANDREW JACKSON

2. CODY JACKSON

3. _____

4. _____

5. _____

6. _____

Service Call Number

CSS# 27759

WO# 13309

Description of Repairs

ATTEMPT TO STOP WIND DRIVEN
RAIN WITH FLASHING + CAULK

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: ANDREW JACKSON

Date: 1-14-21

Signed: Andrew Jackson

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 timeframe.

Print Name/Rank: SFC Terry Casey

Date: 19 JAN 2021

Signed: Terry Casey

E-Mail: terry.l.casey.mil@mail.mil

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Print Name/Rank: _____ Date: _____

Signed: _____

E-Mail: _____















