

**CERTIFICATION OF WORK
SERVICE CALL**

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

FACID/Building: VA099

Date of Visit: 1/07/2021

Contractor Personnel on Site:

- | | |
|----------------------------|----------|
| 1. <u>Moores</u> | 4. _____ |
| 2. <u>Charles Guesheem</u> | 5. _____ |
| 3. <u>Sam McCartney</u> | 6. _____ |

Service Call Number

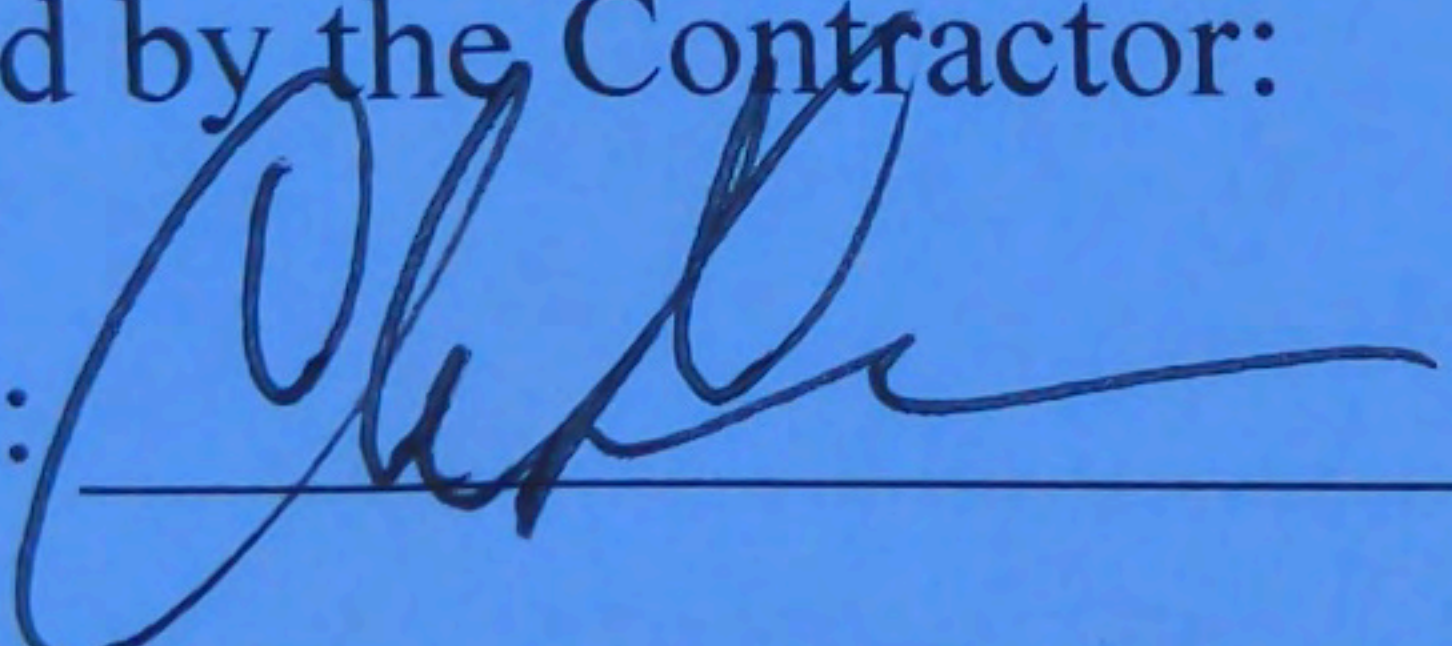
CSS# 27930 WO# 13136

Description of Repairs

Plugged reloc feeding cubicles back in.

CERTIFICATION OF WORK

To be signed by the Contractor:

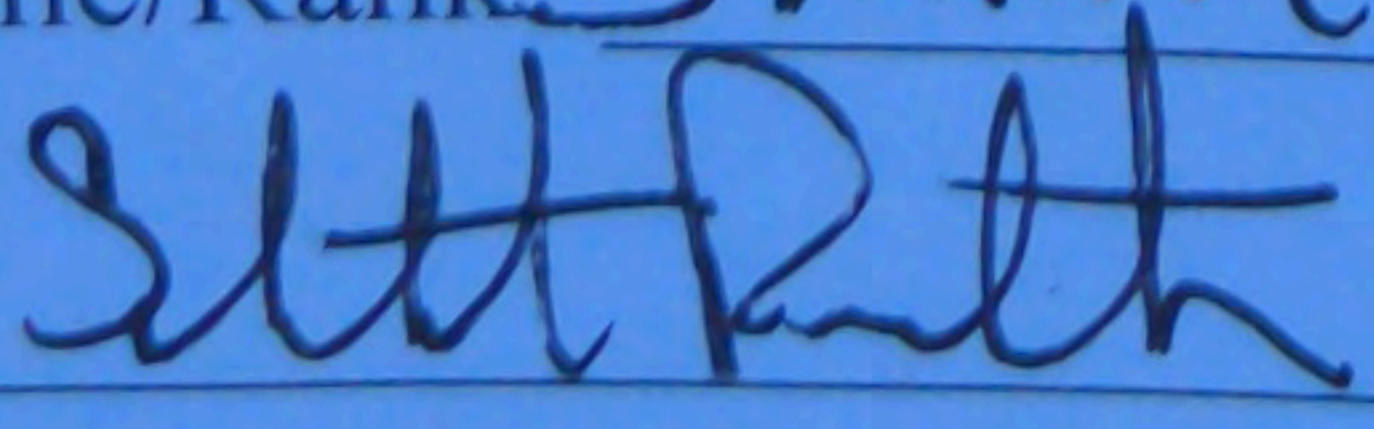
Print Name:  Date: 1/07/2021

Signed: Charles Guesheem

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: Shantel Roundtree, SFC Date: 20210107

Signed: 

E-Mail: Shantel.L.Roundtree.mil@mail.mil





