

CERTIFICATION OF WORK

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

FACID/Building: VA-048 Date of Visit: 1-9-21

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-1716</u> | } <u>main Gate</u> |
| 2. <u>CSS-28365</u> | |
| 3. <u>WO-13452</u> | |

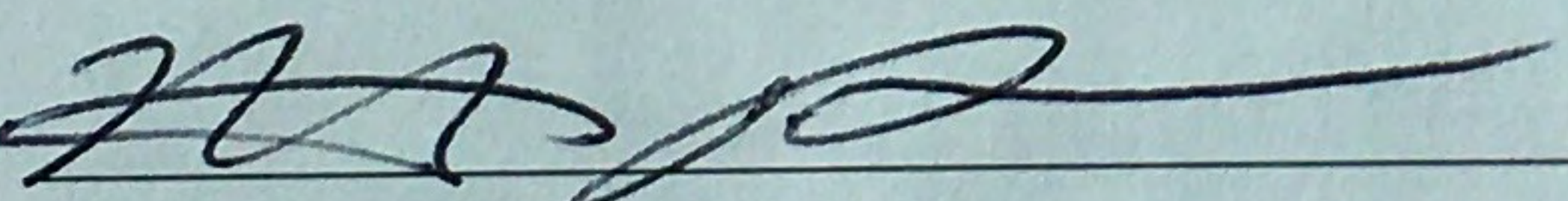
Re-installed Gate back onto trucks & Guide
Installed New steel plates & through bolts to stop Gate from sliding
off.

CERTIFICATION OF WORK

Replaced 2 broken pieces of truck. Installed open limit switch
removed, cleaned, & re-installed All 4 lower rollers

To be signed by the Contractor:

Print Name: Keith Pearson Date: 1-9-21

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: no-one-Available

E-Mail: _____







