

**CERTIFICATION OF WORK
SERVICE CALL**

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

FACID/Building: VA049 Date of Visit: _____

Contractor Personnel on Site:

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

Service Call Number

CSS# 29197 WO# 13847

Description of Repairs

Rm 2 Door Lock IS BROKEN, PLEASE REPLACE
2 cheng comb

* request to g cheng to hold up Botten

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Mark Anderson Date: 12 APR 21

Signed: [Signature]

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: GS-12 MARK ANDERSON Date: 12 APR 21

Signed: [Signature]

E-Mail: mark.s.anderson7.mil@mail.mil