

**CERTIFICATION OF WORK  
SERVICE CALL**

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

FACID/Building: VA050 Date of Visit: 03/24/21

Contractor Personnel on Site:

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

**Service Call Number**

CSS# 29503 WO# 13890

**Description of Repairs**

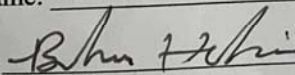
Receptacle in Gym not working. The wire in  
the outlet Box had been disconnected and  
taped off. proper voltage is present at outlet.  
Outlet is hooked back up and working.

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**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Brandon Holsinger Date: 03/24/21

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: CPT Friend Thessolonia Date: 03/24/21

Signed: 

E-Mail: thessolonia.m.friend.mil@mail.mil