

**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

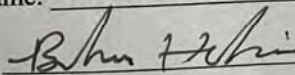
Description of Repairs

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.

CERTIFICATION OF WORK

To be signed by the Contractor:

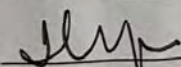
Print Name: Brandon Holsinger Date: 03/24/21

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





