CERTIFICATION OF WORK
SERVICE CALL

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

FACID/Building: 29723 Date of Visit: 5/18-5/24/2021

Contractor Personnel on Site:

1. Booth Brothers
2. _____
3. _____
4. _____
5. _____
6. _____

Service Call Number

CSS# 29723 WO# 13964

Description of Repairs

Removed + Replaced Ridgevent + Cap Shingles, Removed and Replaced Damaged Shingles. Fixed Nail Pops.

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Joshua Booth Date: 5/26/2021

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: Jason Gavin AFOS Date: 6/7/2021

Signed: Jason Gavin

E-Mail: _____