

CERTIFICATION OF WORK SERVICE CALL

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

FACID/Building: MD024 Date of Visit: 10/18/2021

Contractor Personnel on Site:

1. Keith Pearson 4. _____
2. Lucas LoRusso 5. _____
3. _____ 6. _____

Service Call Number

CSS# 32132 WO# 15110

Description of Repairs

Arrived on site, diagnosed a defective IP door release relay. Replaced release relay, programmed + tested. System now normal at time of call

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Keith Pearson Date: 10/18/2021

Signed: Keith Pearson

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 personnel available at time of install

E-Mail: Christopher.F.Huebler



