

DOUG MOORE

SERVICE CALL

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

FACID/Building: DB007

Date of Visit: 5/6/22

Contractor Personnel on Site:

1. Doug Moore

4. _____

2. Shawn Plumber

5. _____

3. _____

6. _____

Service Call Number

CSS# 33227

WO# 15395

Description of Repairs

- 2nd Floor Main Office Light,
Bulbs and Ballast

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Doug Moore

Date: 5/6/22

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: Amy Lyons

Date: 6 May 22

Signed: [Signature]

E-Mail: _____







