

**CERTIFICATION OF WORK  
SERVICE CALL**

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

FACID/Building: Va 49 Date of Visit: 3/10/22

Contractor Personnel on Site:

- |                          |          |
|--------------------------|----------|
| 1. <u>Peter Langston</u> | 4. _____ |
| 2. _____                 | 5. _____ |
| 3. _____                 | 6. _____ |

**Service Call Number**

CSS# 39099 WO# 16410

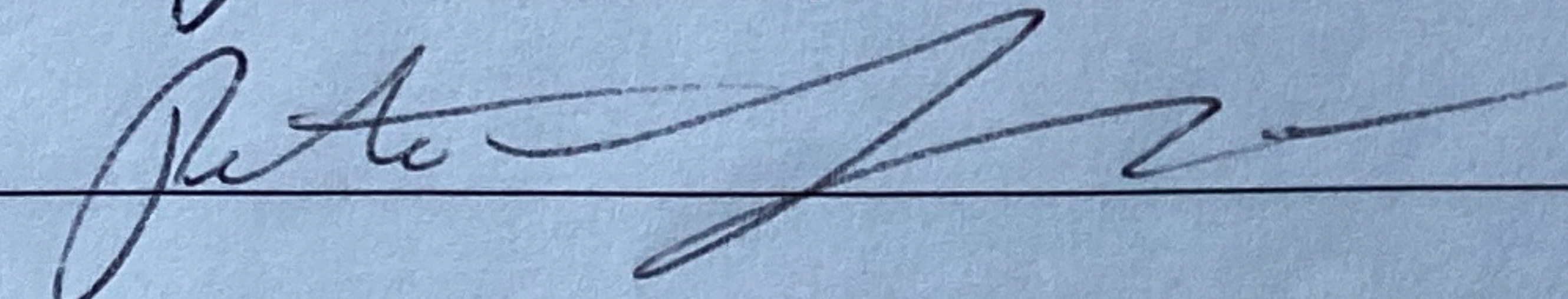
**Description of Repairs**

Replace the burner plate insulation and rear wall  
insulation

**CERTIFICATION OF WORK**

To be signed by the Contractor:

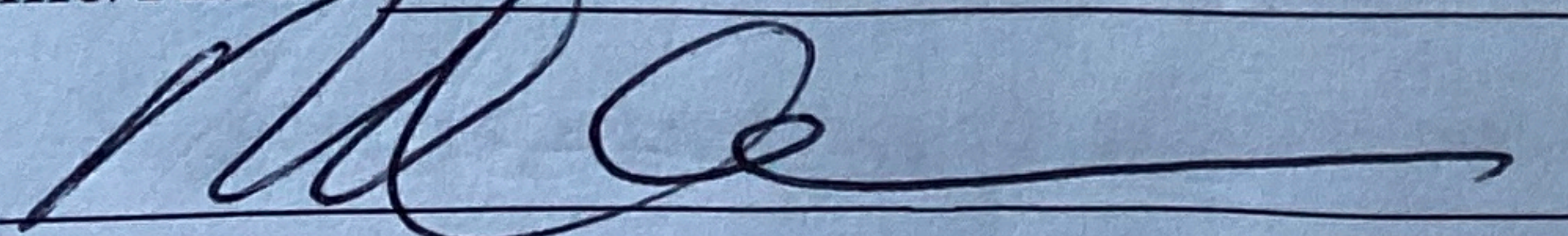
Print Name: Peter Langston Date: 3/10/22

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: Mark Anderson Date: 25 Mar 22

Signed: 

E-Mail: mark.s.anderson7.civ@army.mil



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Signed: 

To be signed by Facility Manager:

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Print Name/Rank: Mark Anderson, GS12 Date: 25 Mar 22

Signed: 

E-Mail: mark.s.anderson7.civ@army.mil



