

**CERTIFICATION OF WORK
SERVICE CALL**

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

FACID/Building: MD002 Date of Visit: 04/20/2022

Contractor Personnel on Site:

- | | |
|---------------------|----------|
| 1. <u>Sam Kutz</u> | 4. _____ |
| 2. <u>Joe Moore</u> | 5. _____ |
| 3. _____ | 6. _____ |

Service Call Number

CSS# 35141 WO# 16897

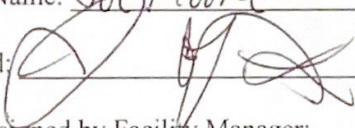
Description of Repairs

Drilled holes through wall so cabling can be run

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Joe Moore Date: 4/20/22

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: _____ Date: _____

Signed: _____

E-Mail: _____