

**CERTIFICATION OF WORK
SERVICE CALL**

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

FACID/Building: _____

Date of Visit: July 26 2022

Contractor Personnel on Site:

- | | |
|------------------------|----------|
| 1. <u>Jack Price</u> | 4. _____ |
| 2. <u>Dalton Barr</u> | 5. _____ |
| 3. <u>William Leay</u> | 6. _____ |

Service Call Number

CSS# 410652 8517 WO# 57962

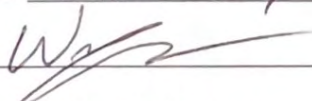
Description of Repairs

Gutter cleaning

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: William Leay Date: July 26 2022

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: _____

Photos Before



Rear main entrance to building.



Right rear section of building.



Right front corner of building.



Right front section of building.



Left front corner of building.



Left side section of building.



Left side section of building.

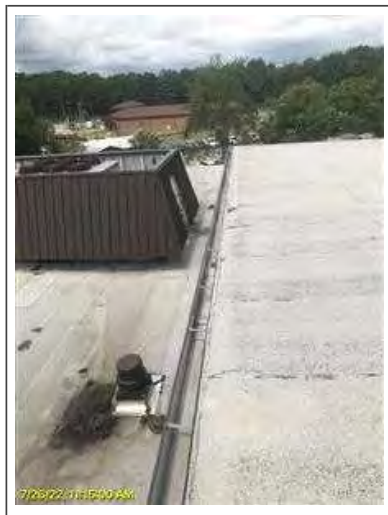
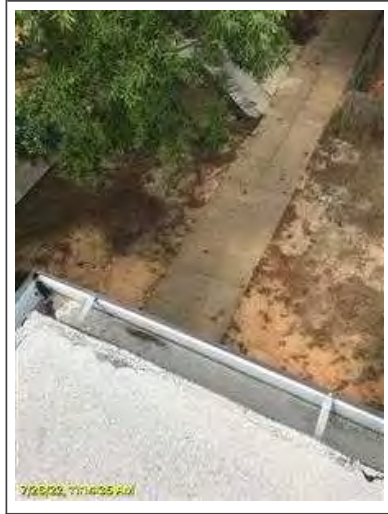
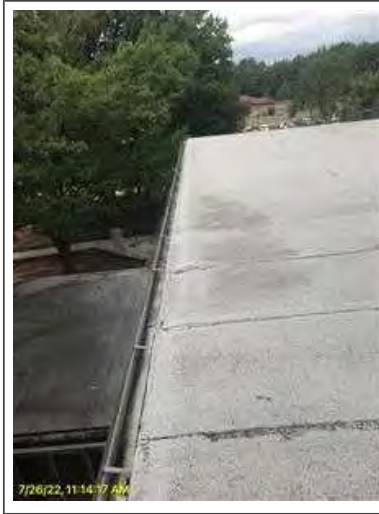


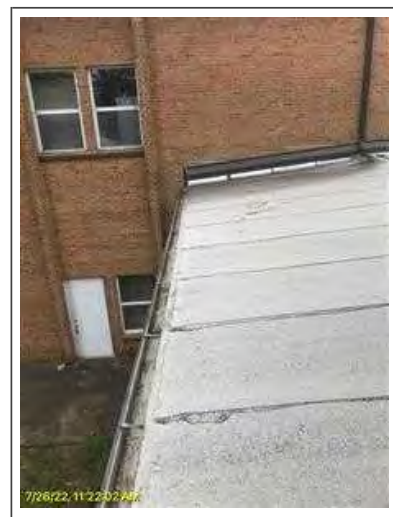
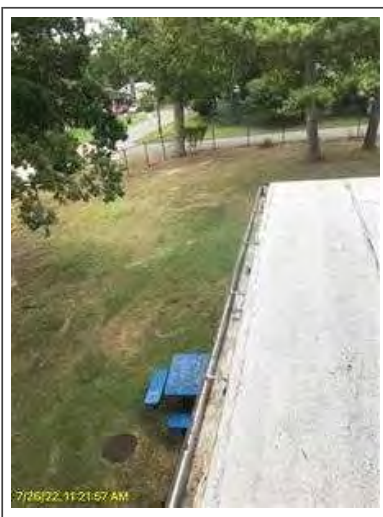
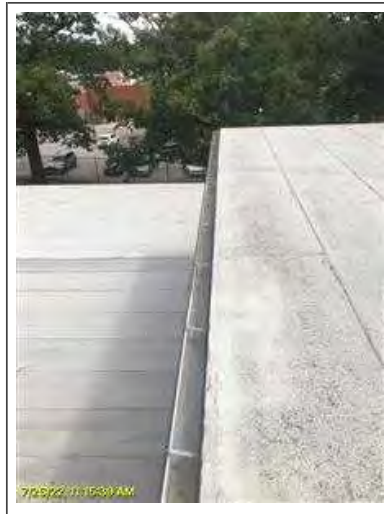
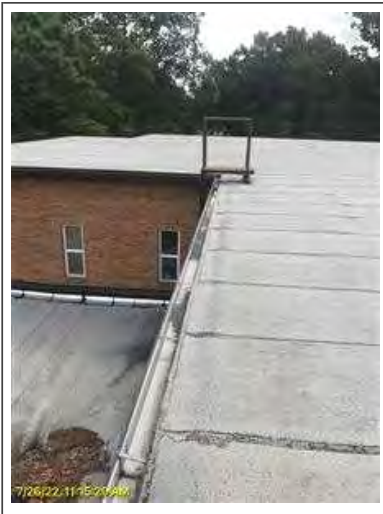
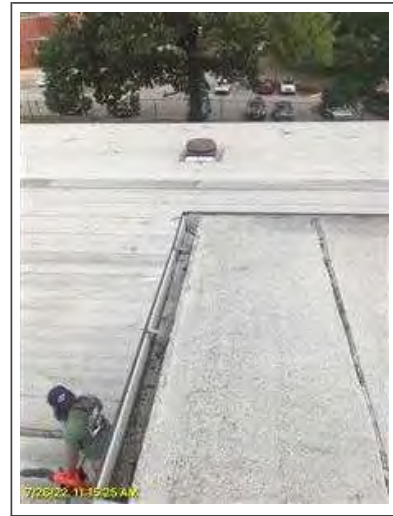
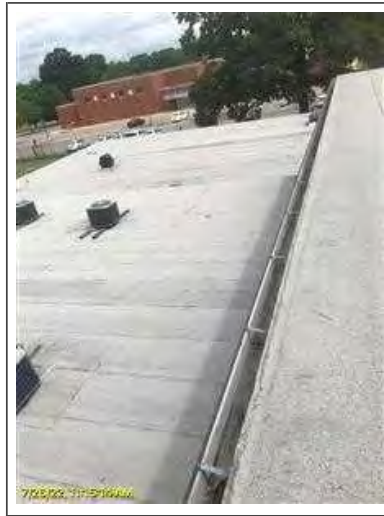
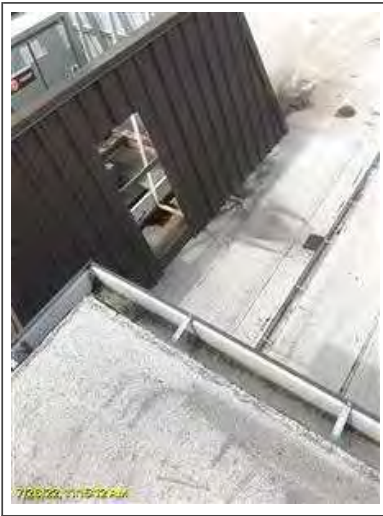
Left rear corner of building.

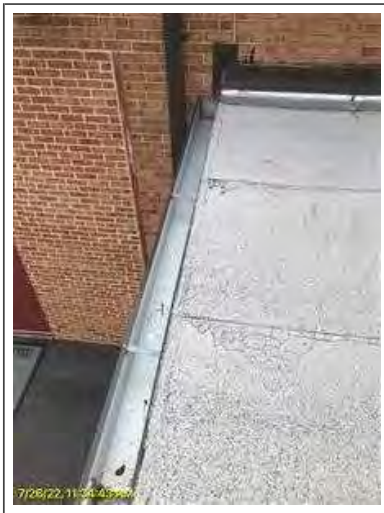
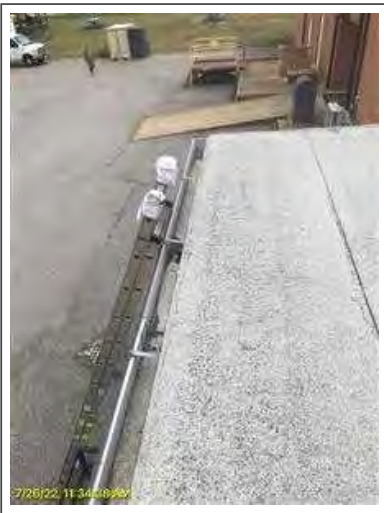
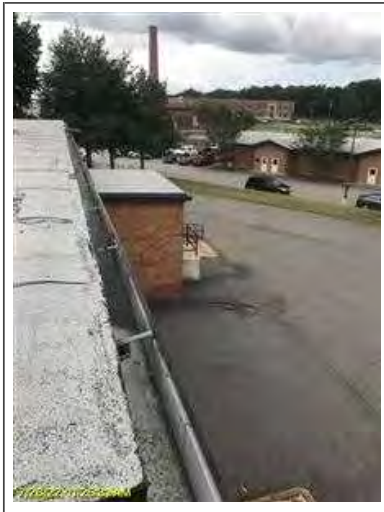
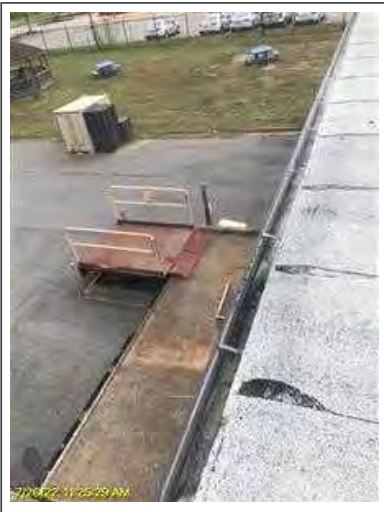


Photos After









Photos Before



Rear main entrance to building.



Right rear section of building.



Right front corner of building.



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Left front corner of building.



Left side section of building.



Left side section of building.



Left rear corner of building.



Photos After



