

**CERTIFICATION OF WORK
SERVICE CALL**

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

FACID/Building: MD003 B-1 Date of Visit: 8/5/20

Contractor Personnel on Site:

- | | |
|-------------------------|-----------------------------|
| 1. <u>David Gholian</u> | 4. <u>Advanced Security</u> |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Service Call Number

CSS# 1137,1138,1140 WO# ~~11622~~ 12590


Description of Repairs

Changed the combination to Vault and Security pms

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: David Gholian Date: 8/5/20

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: SGT Peter Lawrence Date: 8/5/20

Signed: 

E-Mail: _____