

CERTIFICATION OF WORK SERVICE CALL

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

FACID/Building: VA050 Date of Visit: 8.20.2020

Contractor Personnel on Site:

1. _____	4. _____
2. _____	5. _____
3. _____	6. _____

Service Call Number

CSS# _____ WO# 12592

Description of Repairs

Removed 5 plants growing in Gutters.

CERTIFICATION OF WORK

To be signed by the Contractor:

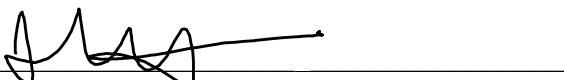
Print Name: Richard Walker Date: 8.20.2020

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: CPT T. Friend Date: 8.20.2020

Signed: 

E-Mail: _____

