

**CERTIFICATION OF WORK
SERVICE CALL**

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

FACID/Building: NY127 Date of Visit: 9/21/23

Contractor Personnel on Site:

- | | |
|-----------------------|----------|
| 1. <u>Andy Hunold</u> | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Service Call Number

CSS# 93636 WO# 22707

Description of Repairs

Repair atrium window. Low E laminate sealed unit.

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Karlee Demain Date: 9/22/23

Signed: Karlee Demain

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:

_____ lars.luffman.civ@army.mil _____
