

**CERTIFICATION OF WORK  
SERVICE CALL**

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

FACID/Building: WV022 Date of Visit: 2/7/24

Contractor Personnel on Site:

- |                       |          |
|-----------------------|----------|
| 1. <u>NS Electric</u> | 4. _____ |
| 2. _____              | 5. _____ |
| 3. _____              | 6. _____ |

**Service Call Number**

CSS# 95303 WO# 14497

**Description of Repairs**

\_\_\_\_\_  
Labor and material to a.) replace 2 outside wall packs and to parking lot lights  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Karlee Demain Date: 2/8/24

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: Jennifer A Bailie Date: 2/9/2024

Signed: Jennifer A Bailie

E-Mail: jennifer.a.bailie.ctr@army.mil