

**CERTIFICATION OF WORK  
SERVICE CALL**

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

FACID/Building: WV009 Date of Visit: 12/2/2024

Contractor Personnel on Site:

- |                        |          |
|------------------------|----------|
| 1. <u>Ricky Barker</u> | 4. _____ |
| 2. _____               | 5. _____ |
| 3. _____               | 6. _____ |

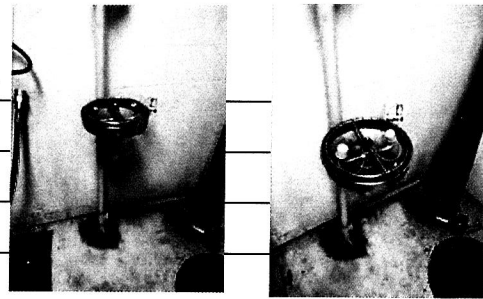
**Service Call Number**

CSS# 98694 WO# 16648

**Description of Repairs**

Provided and installed eyewash tethered dust covers.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Richard A. Barker Date: 12/2/2024

Signed: *Richard A. Barker*

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 Baule Date: 12-10-24

Signed: *Jennifer Baule*

E-Mail: jennifer.g.baule@army.mil