

**CERTIFICATION OF WORK
SERVICE CALL**

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

FACID/Building: WV046 Date of Visit: 11/4/2024

Contractor Personnel on Site:

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

Service Call Number

CSS# 99059 WO# 16886

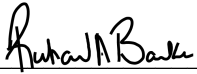
Description of Repairs

Replaced the filter housing with one that was on site.

CERTIFICATION OF WORK

To be signed by the Contractor:

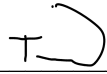
Print Name: Richard A. Barker Date: 11/4/2024

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: Thomas Mcburney Date: 11/4/24

Signed: 

E-Mail: _____