

**CERTIFICATION OF WORK
SERVICE CALL**

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

FACID/Building: _____ Date of Visit: 04/10/2026

Contractor Personnel on Site:

1. Michael Bennett
2. Lakynn McCartney
3. _____

4. _____
5. _____
6. _____



Service Call Number

FEMS# _____ WO# _____

Description of Repairs

Replaced mini split for USARC data room, verified
operations of system after completion of installation.

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Michael Bennett Date: 04/10/2026

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: _____ Date: 04/10/2026

Signed: 

E-Mail: _____