

**CERTIFICATION OF WORK
SERVICE CALL**

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

FACID/Building: WV010 BLDG1 Date of Visit: 5/19/25

Contractor Personnel on Site:

- | | |
|-------------------------|----------|
| 1. <u>Patrick Brown</u> | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Service Call Number

CSS# 98693 WO# 16611

Description of Repairs

I removed two lights and the women's bathroom and one light in the
men's bathroom and replace them with your light fixtures and tested
for proper operation

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Patrick Brown Date: 5/19/25

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: Jennifer A Baillie/CTR Date: 5/19/25

Signed: _____

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

