

CERTIFICATION OF WORK  
SERVICE CALL

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

FACID/Building: VA002 Date of Visit: 8/3/2022

Contractor Personnel on Site:

1. B. Davis
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

Service Call Number

CSS# 1810 WO# 18688

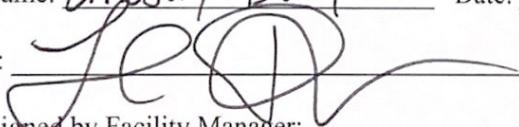
Description of Repairs

Installed Trans sensor, oil needed

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Lindsay Ruby Date: 8/3/22

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: \_\_\_\_\_

Signed: \_\_\_\_\_

E-Mail: \_\_\_\_\_