

CERTIFICATION OF WORK SERVICE CALL

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

FACID/Building: DE007

Date of Visit: 10/28/2020

Contractor Personnel on Site:

1. Joshua Booth
2. Walter Alejo Matute
3. _____
4. _____
5. _____
6. _____

Service Call Number

CSS# TBD WO# 12610

Description of Repairs

Remove + Replace damaged soft.

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Joshua Booth Date: 10/5/2020

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: _____

