

**CERTIFICATION OF WORK  
SERVICE CALL**

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

FACID/Building: DE007

Date of Visit: 9/28/2020

Contractor Personnel on Site:

- |                               |          |
|-------------------------------|----------|
| 1. <u>Joshua Booth</u>        | 4. _____ |
| 2. <u>Walter Alejo Matute</u> | 5. _____ |
| 3. _____                      | 6. _____ |

**Service Call Number**

CSS# TBD WO# 12610

**Description of Repairs**

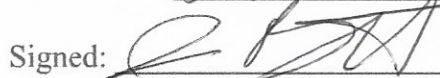
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**CERTIFICATION OF WORK**

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: \_\_\_\_\_



