

**CERTIFICATION OF WORK  
SERVICE CALL**

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

FACID/Building: NY030 Date of Visit: 1/2/2025

Contractor Personnel on Site:

- |                       |          |
|-----------------------|----------|
| 1. <u>Dave Hendee</u> | 4. _____ |
| 2. _____              | 5. _____ |
| 3. _____              | 6. _____ |

**Service Call Number**

CSS# 2992453 WO# 17652

**Description of Repairs**

Putting quote together to replace the failed water make up valve and the relief valve  
in the hot water heating system at the NY030 Horseheads location. It's our recommendation  
this should be done as soon as possible.  
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\_\_\_\_\_

**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Dave Hendee Date: 1/2/2025

Signed: Dave Hendee

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: John F. Granata AFOS Date: 01/10/2025

Signed: John F. Granata

E-Mail: john.f.granata.ctr@army.mil