

**CERTIFICATION OF WORK
SERVICE CALL**

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

FACID/Building: NY010

Date of Visit: 7/28/25

Contractor Personnel on Site:

1. Patrick Brown

2. _____

3. _____

4. _____

5. _____

6. _____



Service Call Number

FEMS# 3071296

WO# 18495

Description of Repairs

I installed the new vents and bleed air from various points of the system and tested for proper operation



CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Patrick Brown

Date: 7/28/25

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: Belter Julius, ARA

Date: 7/28/25

Signed: _____

E-Mail: _____