

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. _____

- A vertical cylindrical metal pipe with a blue band near the top, mounted on a support structure. The pipe is labeled with numbers 4, 5, and 6 on the left side.



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:

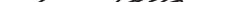
Print Name: **Patrick Brown** Date: **7/28/25**

Signed:

18 &e 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: Beth Julies, ARA Date: 7/28/25

Signed:  .

E-Mail: _____