

**CERTIFICATION OF WORK
SERVICE CALL**

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

FACID/Building: NY065 Date of Visit: 5/29/25

Contractor Personnel on Site:

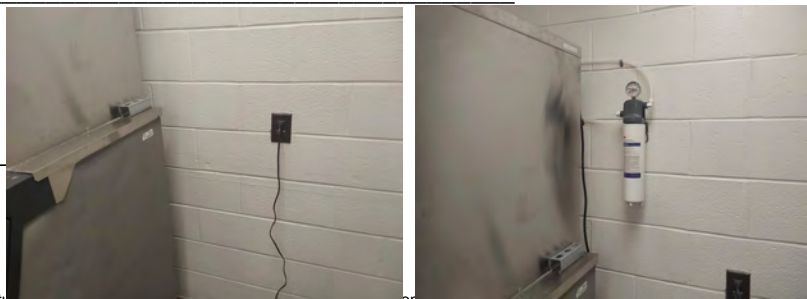
- | | |
|-------------------------|----------|
| 1. <u>Patrick Brown</u> | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Service Call Number

FEMS# 3071385 WO# 18306

Description of Repairs

I emptied the ice machine shut off the water and installed a filter for the inlet water then I tu



CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Patrick Brown Date: 5/29/25

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: CHANEL STASIO Date: 5/29/25

Signed: _____

E-Mail: _____