

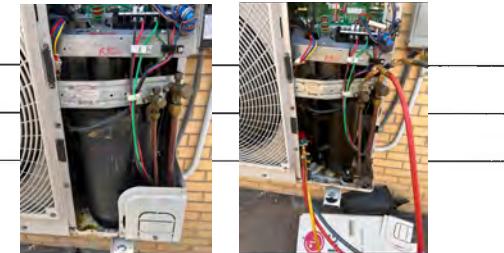
CERTIFICATION OF WORK SERVICE CALL

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

FACID/Building: NY065 Tonawanda Date of Visit: 9-8-25

Contractor Personnel on Site:

1. Andrew Horn
2. _____
3. _____



Service Call Number

FEMS# 3113788 WO# 19526

Description of Repairs

Replace Compressor RM 201 LG Mini Split

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Andrew Horn Date: 9-8-25

Signed: Andrew Horn

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: SSG Diaz, Arlett Date: 20250908

Signed: Arlett DZ

E-Mail: _____