

CERTIFICATION OF WORK SERVICE CALL

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

FACID/Building: NY010 BLDG2 Date of Visit: 8/6/25

Contractor Personnel on Site:

1. Patrick Brown
2. _____
3. _____
4. _____
5. _____
6. _____

Service Call Number

FEMS 3113878 WO# 18781

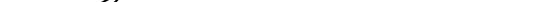
Description of Repairs

I removed the 6 fixtures that were not working properly and installed 6 LED fixtures and tested for proper operation

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Patrick Brown Date: 8/6/25

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: **8/6/25**

Signed: 

E-Mail:

