

**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. <u>Patrick Brown</u> | 4. _____ |
| 2. _____                | 5. _____ |
| 3. _____                | 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:

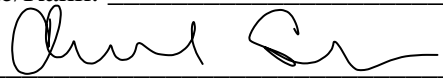
Print Name: Patrick Brown      Date: 8/6/25

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: \_\_\_\_\_

