

**CERTIFICATION OF WORK
SERVICE CALL**

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

FACID/Building: NY070 BLDG2 Date of Visit: 3/12/25

Contractor Personnel on Site:

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

Service Call Number

CSS# 99020 WO# 17633

Description of Repairs

I shut down The hydraulic system and removed the
pressure from the lines took the lines apart retaped
and put the lines back together and then tested for
proper operation and leaks

CERTIFICATION OF WORK

To be signed by the Contractor:

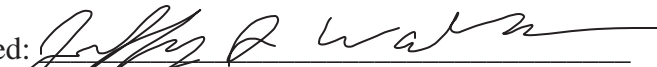
Print Name: Patrick Brown Date: 3/12/25

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: Jeff Wallner Date: 3/12/25

Signed: 

E-Mail: Jeffrey Wallner1@gmail.com

