

**CERTIFICATION OF WORK
SERVICE CALL**

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

FACID/Building: NY010 Date of Visit: 8-3-23

Contractor Personnel on Site:

- | | |
|-----------------------|----------|
| 1. <u>Mike Malley</u> | 4. _____ |
| 2. <u>Andrew Horn</u> | 5. _____ |
| 3. _____ | 6. _____ |

Service Call Number

CSS# 93832 WO# _____

Description of Repairs

Installed New Samsung Minisplit
Remove old LG Split
Cleaned up debris from worksite

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: MIKE MALLEY Date: 8/3/23

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: _____ Date: _____

Signed: _____

E-Mail: _____





