

**CERTIFICATION OF WORK  
SERVICE CALL**

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

FACID/Building: NY065 BLDG1 Date of Visit: 12/9/24

Contractor Personnel on Site:

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

**Service Call Number**

CSS# 98859 WO# 16620

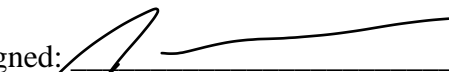
**Description of Repairs**

~~I had to shut down The water to the building , the shut off valve for the water fountain was broke and then I removed the water fountain and found the pipe behind the shut off valve was rusted out I had to replace the nipple and the valve And then replaced the drain piping. I then installed the new water fountain and tested for proper operation and leaks~~

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Patrick Brown Date: 12/9/24

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: Trokon Y Pate Date: 12/9/24

Signed: 

E-Mail: \_\_\_\_\_

