

**CERTIFICATION OF WORK
SERVICE CALL**

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

FACID/Building: NY010 BLDG1 Date of Visit: 3/6/25

Contractor Personnel on Site:

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

Service Call Number

CSS# 2897082 WO# 16918

Description of Repairs

I shut the power off and isolated the pump.
I removed the Wiring and disconnected the lines then i removed the pump assembly That had bad bearings. I then installed the new pump assembly and Hooked the lines back up with new gaskets and rewired the pump. Then charged the lines and tested for proper operation and leaks.

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Patrick Brown Date: 3/6/25

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: 3/6/25

Signed: C Stasio

E-Mail: Chanel.m.stasio.ctr@army.mil

