

**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: 3/3/25

Contractor Personnel on Site:

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

**Service Call Number**

CSS# 2935207 WO# 17654

**Description of Repairs**

I removed the light switch that was not  
functioning properly and installed.A new  
light switch and tested for proper operation

**CERTIFICATION OF WORK**

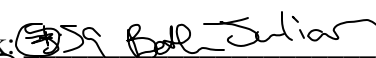
To be signed by the Contractor:

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

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:  359 Bal Julian Date: 3/3/25

Signed: 

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



