

**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: 7/26/24

Contractor Personnel on Site:

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

Service Call Number

CSS# 97941 WO# 15626

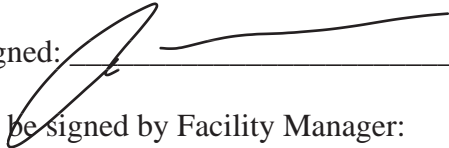
Description of Repairs

I repaired the drinking fountain.Drain line by removing the cinder block Cutting out the line that was drilled through and repairing it with a Coupler. I then replaced the cinder block and painted.Then I Moved on To Rebuilding the back flow The Rebuild did not work and the backflow will have to be replaced

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Patrick Brown Date: 7/26/24

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: Beth Salia Date: 7/26/24

Signed: 

E-Mail: _____

