

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 backflow The Rebuild did not work and the backflow will have to be replaced

CERTIFICATION OF WORK

To be signed by the Contractor:

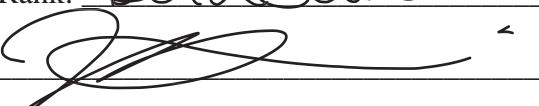
Print Name: Patrick Brown Date: 7/26/24

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 Salter Date: 7/26/24

Signed: 

E-Mail: _____

