

CERTIFICATION OF WORK SERVICE CALL

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

FACID/Building: NY030 BLDG1 Date of Visit: 9/27/23

Contractor Personnel on Site:

1. Patrick Brown
2. _____
3. _____
4. _____
5. _____
6. _____

Service Call Number

CSS# 91110 WO# 11743

Description of Repairs

I removed the wiring, then isolated the pump from the
Heating loop and removed it. I installed the new pump and
flange Then I recharged the lines and Rewired and tested for
Proper operation and checked for leaks

CERTIFICATION OF WORK

To be signed by the Contractor:

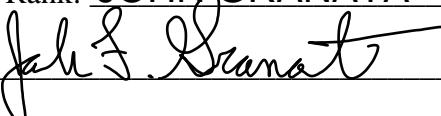
Print Name: Patrick Brown Date: 9/27/23

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: JOHN GRANATA Date: 9/27/23

Signed: 

E-Mail: _____

