

**CERTIFICATION OF WORK
SERVICE CALL**

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

FACID/Building: NY052 BLDG1 Date of Visit: 8/14/23

Contractor Personnel on Site:

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

Service Call Number

CSS# 91463 WO# 11805


Description of Repairs

I removed the existing pump that was not
functioning properly and installed a new
circulating pump and tested for proper
operation and leaks.

CERTIFICATION OF WORK

To be signed by the Contractor:


Print Name: Patrick Brown Date: 8/14/23

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: Travis McCall / SSG Date: 8/14/23

Signed: 

E-Mail: _____

