

**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: 11/20/24

Contractor Personnel on Site:

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

Service Call Number

CSS# 98857 WO# 16870

Description of Repairs

I removed the urinal flush valve that was not
functioning properly and installed a new one and then
tested for proper operation

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Patrick Brown Date: 11/20/24

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: BRIAN C Date: 11/20/24

Signed: _____

E-Mail: _____

