

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: 10/07/25

Contractor Personnel on Site:

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

Service Call Number

CSS# 303882 WO# 18009

Description of Repairs

I removed zone pump 3. That was not functioning properly and installed a new pump and tested for proper operation

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Patrick Brown Date: 10/07/25

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: Jamie Miller Date: 10/07/25

Signed: 

E-Mail:

