

CERTIFICATION OF WORK SERVICE CALL

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

FACID/Building: NY126 BLDG1 Date of Visit: 10/31/23

Contractor Personnel on Site:

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

Service Call Number

CSS# 93110 WO# 12584

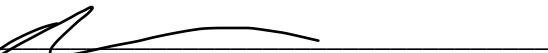
Description of Repairs

I isolated chill water pump one b then unhooked the wiring,
Unhooked the piping and removed the pump. I then installed
the new pump. reinstated all the piping. Hooked up the
electrical, tested for leaks and proper operation, Then I
reinsulated the pump.

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Patrick Brown Date: 10/31/23

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: Neat Chanthavijouk Date: 10/31/23

Signed: 

E-Mail: _____

