

**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: 4/26/23

Contractor Personnel on Site:

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

Service Call Number

CSS# 91629 WO# 12113

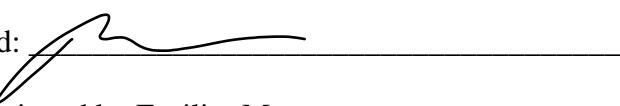
Description of Repairs

I removed the old pump that was not
functioning and installed a new pump and
rewired and tested for proper operation and
direction

CERTIFICATION OF WORK

To be signed by the Contractor:

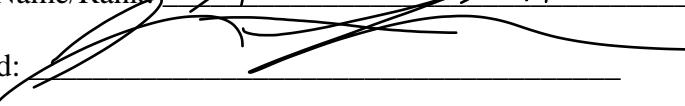
Print Name: Patrick Brown Date: 4/26/23

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: SFC Jason Date: 4/26/23

Signed: 

E-Mail: _____

