

## **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: 4/27/23

#### Contractor Personnel on Site:

1. Patrick Brown      4. \_\_\_\_\_  
2. \_\_\_\_\_      5. \_\_\_\_\_  
3. \_\_\_\_\_      6. \_\_\_\_\_

## Service Call Number

WO# 12583

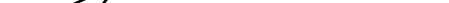
## Description of Repairs

I removed the shower stems and replaced the seats and then I replaced the shower handles and tested for proper operation

## **CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Patrick Brown Date: 4/27/23

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: SGT Owens, Robert Date: 4/27/23

Signed: 

E-Mail: \_\_\_\_\_

