

**CERTIFICATION OF WORK
SERVICE CALL**

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

FACID/Building: Ny067 Date of Visit: 5/13/19

Contractor Personnel on Site:

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

Service Call Number

CSS# 18673 WO# 3687

Description of Repairs

I replaced 10:15 amp Outlets and installed 20 amp outlets in their place, I made sure the power was working correctly when I was done wiring in the new 20amp outlets. There was already 12 gauge wire ran and Breakers in the panel are already 20 amp Breakers

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Patrick Brown Date: 5/13/19

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: Doug Rushlo AFOS Date: 5/13/19

Signed: _____

E-Mail: _____





BL

Red

EXIT

Gym North Wall

21

23

3 OFF 20

5 OFF 20

7 OFF 20

9 OFF 20

11 OFF 20

13 OFF 20

15 OFF 20

17 OFF 20

19 OFF 20

21 OFF 70A

23 OFF 70A

25 OFF 70A

BL

Gym

Gym West Wall

22

4 ON 20 OFF

6 ON 20 OFF

8 ON 20 OFF

10 ON 20 OFF

12 ON 20 OFF

14 ON 20 OFF

16 ON 20 OFF

18 ON 20 OFF

20 ON 20 OFF

22 ON 20 OFF

24 ON 20 OFF

25 ON 20 OFF

HV