

**CERTIFICATION OF WORK
SERVICE CALL**

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

FACID/Building NY126 bldg 2 Date of Visit: 3/20/19

Contractor Personnel on Site:

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

Service Call Number

CSS# 17072 WO# 7180

Description of Repairs

I replaced 3 - 16 x 25 x 2 filters and I replaced 6 - 20 x 25 x 2 filters. I Greased the bearings and checkd the electrical connections and belts i also checked the power coming into the unit. I completed a full p.m. on the unit

CERTIFICATION OF WORK

To be signed by the Contractor:

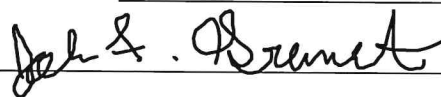
Print Name: Patrick Brown Date: 3/20/19

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: John Granata Date: 3/20/19

Signed: 

E-Mail: _____

