

**CERTIFICATION OF WORK
SERVICE CALL**

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

FACID/Building: NY067 - Bldg 1+2 Date of Visit: 2-4-19

Contractor Personnel on Site:

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

Service Call Number

CSS# 17080 WO# 2512

Description of Repairs

Replaced 4 Quartz Halide in ~~Assembly~~ Bldg 2
Replaced 18 4' T12 Fluorescent Bulbs Bldg 2
Replaced 5 U Shaped Fluorescent Bulbs Bldg 2
Replaced 31 U Shaped Fluorescent Bulbs Bldg 1
Replaced 2 Quartz Halide in Assembly Hall Bldg 1

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Patrick Brown Date: 2-4-19

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 Date: 02-04-19

Signed: _____

E-Mail: douglas.rushlo.d@gmail.com







