

**CERTIFICATION OF WORK  
SERVICE CALL**

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

FACID/Building: NY035 - Bldg 2 Date of Visit: 1-30-19

Contractor Personnel on Site:

- |          |          |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

**Service Call Number**

CSS# 17170 WO# 2503

**Description of Repairs**

Replaced 3/4" valve 6' of 3/4" pipe and 1 3/4" N.U.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Patrick Brown Date: 1-30-19

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: 1/31/19

Signed: \_\_\_\_\_

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









SERVICE  
DISCONNECT

208 VOLTS



SQUARE D

GENERAL DUTY  
SAFETY SWITCH

150 AMP 240 VAC