

**CERTIFICATION OF WORK  
SERVICE CALL**

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

FACID/Building: NY039 BLDG1&2 Date of Visit: 8/29/19 - 8/30/19  
9/6/19

Contractor Personnel on Site:

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

**Service Call Number**

CSS# 17471 WO# 5105

**Description of Repairs**

I removed the old facia on front of building 1 and replaced it  
with new facia I removed the old facia on rear of building1 and  
replaced it with new facia I refaced the exhaust tower on the  
roof of bldg 1 I removed the soffit on building # 2 and replaced  
it with new soffiting

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**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Patrick Brown Date: 9/6/19

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: Carlos Erazo. Sgt Date: 9/6/19

Signed: 

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



