

**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. Patrick Brown 4. _____
2. _____ 5. _____
3. _____ 6. _____

Service Call Number

CSS# 17471 wo# 5105

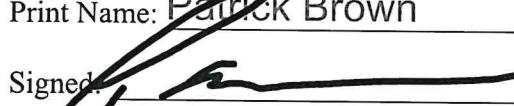
Description of Repairs

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

CERTIFICATION OF WORK

To be signed by the Contractor:

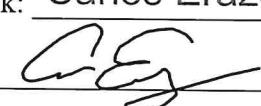
Print Name: Patrick Brown Date: 9/6/19

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: _____

