

**CERTIFICATION OF WORK  
SERVICE CALL**

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

FACID/Building: NY126 BLDG2 Date of Visit: 7/10/19

Contractor Personnel on Site:

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

**Service Call Number**

CSS# 17767 WO# 7513

**Description of Repairs**

removed old 1 inch pillow block bearing and installed new one  
inch pillow block bearing

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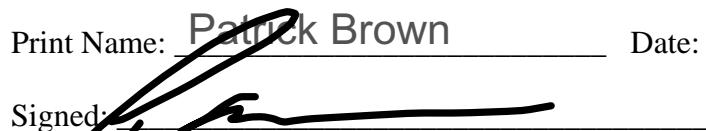
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**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Patrick Brown Date: 6/10/19

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 AFOS Date: 6/10/19

Signed: 

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



old broken pillow block bearing



new pillow block bearing