

**CERTIFICATION OF WORK
SERVICE CALL**

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

FACID/Building: NY013 BLDG2 Date of Visit: 12/16/19

Contractor Personnel on Site:

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

Service Call Number

CSS# 22031 WO# 6473/6018

Description of Repairs

I removed the old urinal hammered out the brick wall moved the
supply line up 6 inches reinstalled new block and mortar then
painted the new block and installed the new urinal and tested it for
proper operation and checked to make sure there were no leaks

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Patrick Brown Date: 12/16/19

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: SFC KEVIN STEWART Date: 12/16/19

Signed: 

E-Mail: _____

