

**CERTIFICATION OF WORK  
SERVICE CALL**

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

FACID/Building: NY113 BLDG1 Date of Visit: 1/9/19

Contractor Personnel on Site:

1. Patrick Brown 4. \_\_\_\_\_  
2. \_\_\_\_\_ 5. \_\_\_\_\_  
3. \_\_\_\_\_ 6. \_\_\_\_\_

**Service Call Number**

CSS# 22768 WO# 6871

**Description of Repairs**

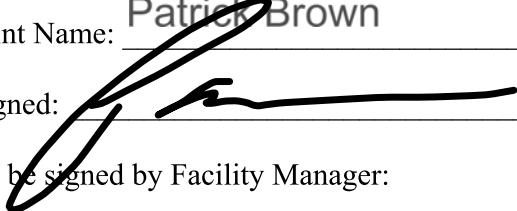
I found the unit had no power I took the unit apart and  
found the power supply unplugged, I plugged the  
power supply into the receptacle and tested the unit  
for proper operation

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**CERTIFICATION OF WORK**

To be signed by the Contractor:

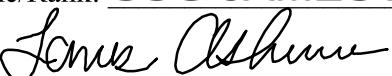
Print Name: Patrick Brown Date: 1/9/20

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: SSG JAMES ALSHEIMER Date: 1/9/20

Signed: 

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

