

**CERTIFICATION OF WORK  
SERVICE CALL**

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

FACID/Building: NY127 BLDG1 Date of Visit: 5/11/20

Contractor Personnel on Site:

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

**Service Call Number**

CSS# 24591 WO# 7916

**Description of Repairs**

I removed the old leaking pump and installed a new pump  
and tested for proper operation

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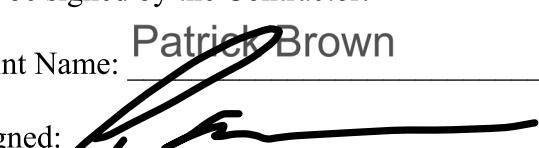
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**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Patrick Brown Date: 5/11/20

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: Tim O'Connor Date: 5/11/20

Signed: 

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

