

**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: 5/29/20

Contractor Personnel on Site:

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

**Service Call Number**

CSS# 25208 WO# 8688

**Description of Repairs**

on the roof hatch I lubricated the springs, on the men and  
women's bathroom doors I tightened the hinge screws, on  
the mailroom door I adjusted the door closer, in the  
motorpool I adjusted the door sweep

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**CERTIFICATION OF WORK**

To be signed by the Contractor:


Print Name: Patrick Brown Date: 5/29/20

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: LARS LUFFMAN Date: 5/29/20

Signed: 

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

