

**CERTIFICATION OF WORK
SERVICE CALL**

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

FACID/Building: NY051 Date of Visit: 8/4/20

Contractor Personnel on Site:

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

Service Call Number

CSS# 25637 WO# 9326

Description of Repairs

I used the pressure washer and removed Moss from the side
of the building and the sidewalks then treated the areas with
moss killer

CERTIFICATION OF WORK

To be signed by the Contractor:


Print Name: Patrick Brown Date: 8/4/20

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: SFC ERIC ABBOTT Date: 8/4/20

Signed: 

E-Mail: _____













CAUTION
OUTRIGGER BEAMS MUST
BE FULLY EXTENDED AND
OUTRIGGER LEGS IN PLACE
FOR ALL LIFT OPERATIONS

WARNING
KEEP FEET CLEAR OF
OUTRIGGER PADS AT
ALL TIMES. FAILURE
TO COMPLY MAY RESULT
IN SERIOUS INJURY