

## 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: 4/29/21

Contractor Personnel on Site:

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

Service Call Number

CSS# 26352 WO# 12089

### Description of Repairs

I removed wiring and the old pump installed new gaskets and new pump and rewired and tested for proper operation

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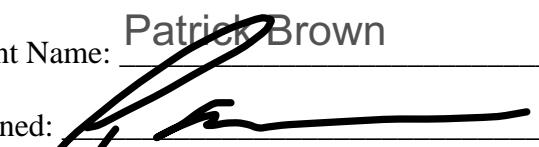
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## CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Patrick Brown Date: 4/29/21

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: 4/29/21

Signed: 

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

