

**CERTIFICATION OF WORK  
SERVICE CALL**

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

FACID/Building: NY039 BLDG1      Date of Visit: 4/21/21

Contractor Personnel on Site:

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

**Service Call Number**

CSS# 28073      WO# 11124

**Description of Repairs**

Falso Heating drained the water out of the system and removed  
the old pumps that were failing and reinstalled 6 new pumps  
refilled the system with water and tested the pumps for proper  
operation

**CERTIFICATION OF WORK**

To be signed by the Contractor:

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

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: SGT STORMS      Date: 4/21/21

Signed: 

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



