

**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: 2/10/21

Contractor Personnel on Site:

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

Service Call Number

 CSS# 28880 WO# 11904

Description of Repairs

I removed the stuck nonfunctioning reducing valve
and I installed a new reducing valve and verified water
pressure in the system was correct

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Patrick Brown Date: 2/10/21

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: SSGT JAMES KELLEY Date: 2/10/21

Signed: 

E-Mail: _____

