

**CERTIFICATION OF WORK  
SERVICE CALL**

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

FACID/Building: NY067 Date of Visit: 9/3/21-9/7/21

Contractor Personnel on Site:

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

**Service Call Number**

CSS# 29446 WO# 12271

**Description of Repairs**

I pressure washed and wire brush the doors I taped up and papered around the doors I primed the doors then I painted them with a final coat

**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Patrick Brown Date: 9/7/21

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: AMMIE MEARERO Date: 9/7/21

Signed: \_\_\_\_\_

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









NO HAT  
NO SALUTE  
NO SMOKING

NO  
SMOKING













NO HAT  
NO SALUTE  
NO SMOKING























NO HAT  
NO SALUTE  
NO SMOKING

















