

**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: 8/11/21

Contractor Personnel on Site:

1. Patrick Brown 4. \_\_\_\_\_  
2. \_\_\_\_\_ 5. \_\_\_\_\_  
3. \_\_\_\_\_ 6. \_\_\_\_\_

**Service Call Number**

CSS# 31350 WO# 13990

**Description of Repairs**

I replaced and remounted two outlets that were broken I'm falling off the wall I replaced one wall plate that was missing and I replaced all the light bulbs now we're out in the stairway lights

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**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Patrick Brown Date: 8/11/21

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: 8/11/21

Signed: 

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



