

**CERTIFICATION OF WORK  
SERVICE CALL**

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

FACID/Building: Ny127 BLDG2      Date of Visit: 10/12/21

Contractor Personnel on Site:

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

**Service Call Number**

CSS# 32596      WO# 14924

**Description of Repairs**

I found The Wire for the bottom edge control got caught on the  
bottom of the door on its way down and stretched the wire out and  
broke two of the control wires on the bottom Edge controls I rewired  
the controls and tested for proper operation

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**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Patrick Brown      Date: 10/12/21

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: 10/12/21

Signed: 

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

