

**CERTIFICATION OF WORK  
SERVICE CALL**

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

FACID/Building: NY039 BLDG3 Date of Visit: 2/10/22

Contractor Personnel on Site:

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

**Service Call Number**

CSS# 34106 WO# 16287

**Description of Repairs**

Midstate Door put the top section back in by replacing the top fixtures two number fives and three number one hinges then they adjusted the limits and tested for proper operation

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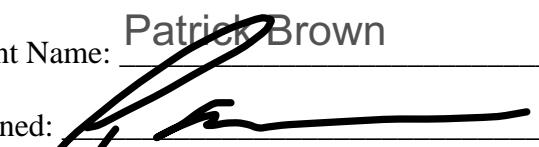
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**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Patrick Brown Date: 2/10/22

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: SFC STORMS Date: 2/10/22

Signed: 

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

