

**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

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: _____

