

**CERTIFICATION OF WORK
SERVICE CALL**

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

FACID/Building: NY067 BLDG1 Date of Visit: 5/5/22

Contractor Personnel on Site:

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

Service Call Number

CSS# 34485 WO# 16634

Description of Repairs

I removed 4 non working damaged unit heaters ,electrical, and gas
lines.I then installed 4 new units, repiped the gas lines installed new
gas shut-offs at each unit , ran new electrical lines with switches at
each unit to turn off power for service and installed new
thermostats at each unit and tested for proper operation

CERTIFICATION OF WORK

To be signed by the Contractor:

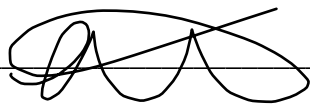
Print Name: Patrick Brown Date: 5/5/22

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: AMMIE MEARERO Date: 5/5/22

Signed: 

E-Mail: _____

