

**CERTIFICATION OF WORK
SERVICE CALL**

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

FACID/Building: NY051 BLDG1 Date of Visit: 5/24/22

Contractor Personnel on Site:

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

Service Call Number

CSS# 35266 WO# 16863

Description of Repairs

I REMOVED THE OLD CAULK AND 3 STEP FLASHING AND
CLEANED THE AREA UP THEN REINSTALLED THE FLASHING
AND RESEALED THE FLASHING AND THE AREAS THAT I
REMOVED THE CRACKED CAULK FROM

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Patrick Brown Date: 5/24/22

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: MR DRINKWINE Date: 5/24/22

Signed: _____

E-Mail: _____



