

**CERTIFICATION OF WORK  
SERVICE CALL**

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

FACID/Building: NY039 BLDG1 Date of Visit: 5/25/22

Contractor Personnel on Site:

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

**Service Call Number**

  CSS# 35501 WO# 17184

**Description of Repairs**

I removed the pumps and the old piping and valves I installed new piping and valves reinstated the pumps tested for leaks and proper operation

---

---

---

---

---

---

---

**CERTIFICATION OF WORK**

To be signed by the Contractor:

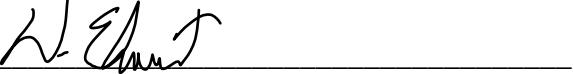
Print Name: Patrick Brown Date: 5/25/22

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: GYSGT ELWART Date: 5/25/22

Signed: 

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

