

**CERTIFICATION OF WORK
SERVICE CALL**

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

FACID/Building: NY070 BLDG2 Date of Visit: 2/2/23 3/16/23

Contractor Personnel on Site:

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

Service Call Number

CSS# 91040 WO# 11521

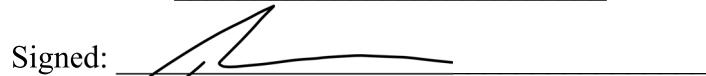
Description of Repairs

I removed the two fluid pumps that were malfunctioning and installed two new fluid pumps with air regulators and tested for proper operation

CERTIFICATION OF WORK

To be signed by the Contractor:

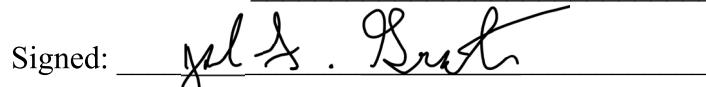
Print Name: Patrick Brown Date: 2/2/23 3/16/23

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: John Granata Date: 2/2/23 3/16/23

Signed: 

E-Mail: _____

