

CERTIFICATION OF WORK SERVICE CALL

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

FACID/Building: Ny067 Bldg 1 Date of Visit: 7-13-23

Contractor Personnel on Site:

1. Patrick Brown
2. _____
3. _____
4. Arnie Grattan Postle and Jaekle
5. _____
6. _____

Service Call Number

CSS# 93748 WO# 22716

Description of Repairs

Replaced components and tested, reset alarms and verified proper operation. Checked all fans and compressors. Unit is now operating normal.

CERTIFICATION OF WORK

To be signed by the Contractor:

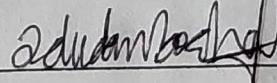
Print Name: Patrick Brown Date: 7-13-23

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: SGT Ady Boghen, Dan Date: 7-13-23

Signed: 

E-Mail: _____



