

**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: 10/28/19

Contractor Personnel on Site:

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

Service Call Number

CSS# 21977 WO# 6015

Description of Repairs

I bleached the floors and toilets and 2 ft up the walls in the
women's bathroom I removed the boxes that got wet in the supply
closet and bleached the floors I also bleached the floors in the
main hallway

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Patrick Brown Date: 10/28/19

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: 10/28/19

Signed: _____

E-Mail: _____

