

**CERTIFICATION OF WORK  
SERVICE CALL**

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

FACID/Building: NY126 Date of Visit: 7/19/19

Contractor Personnel on Site:

1. Patrick Brown 4. \_\_\_\_\_  
2. \_\_\_\_\_ 5. \_\_\_\_\_  
3. \_\_\_\_\_ 6. \_\_\_\_\_

**Service Call Number**

CSS# \_\_\_\_\_ WO# \_\_\_\_\_

**Description of Repairs**

BACKFLOW PREVENTION TESTING ANNUAL (QTY 4)

WO 2447 ASSET 7246

WO 2448 ASSET 7247

per monroe county water authority the three rpz's in the hot  
box are the only ones that need to be tested J.F.G.

**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Patrick Brown Date: 7/19/19

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: John Granata AFOS Date: 7/19/19

Signed: 

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

