

**CERTIFICATION OF WORK
SERVICE CALL**

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

FACID/Building: NY127 BLDG1 Date of Visit: 10/29/20

Contractor Personnel on Site:

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

Service Call Number

CSS# 26351 WO# 10242

Description of Repairs

I removed the old pump that was not working and
installed a new pump and rewired and repiped I ran
the pump to check for proper operation and leaks

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Patrick Brown Date: 10/29/20

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: LARS LUFFMAN Date: 10/29/20

Signed: _____

E-Mail: _____

