

**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. Patrick Brown 4. _____
2. _____ 5. _____
3. _____ 6. _____

Service Call Number

css# 26351 wo# 10242

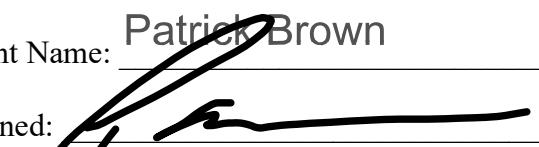
Description of Repairs

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:

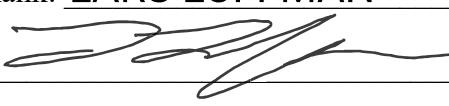
Print Name: Patrick Brown Date: 10/29/20

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: _____

