

**CERTIFICATION OF WORK
SERVICE CALL**

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

FACID/Building: NY067 Date of Visit: 7/7/23

Contractor Personnel on Site:

- | | |
|-----------------------|----------|
| 1. <u>Andy Hunold</u> | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Service Call Number

CSS# 92337 WO# 23324

Description of Repairs

Labor and material to a.) install an elkay drinking fountain with bottle filler unit including all associated plumbing
wiring and masonry

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Karlee Demain Date: 7/7/23

Signed: Karlee Demain

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 Marrero Date: 7/7/23

Signed: Ammie Marrero

E-Mail: _____