

## **CERTIFICATION OF WORK SERVICE CALL**

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

FACID/Building: NY051 Date of Visit: 3/22/23

#### Contractor Personnel on Site:

1. Hunold Contracting	4. _____
2. _____	5. _____
3. _____	6. _____

## Service Call Number

WO# 21470

## Description of Repairs

Repaired roof leaks above the copier room and the gym.

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Karlee Demain Date: 3/24/23

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: \_\_\_\_\_ Date: \_\_\_\_\_

Signed:

E-Mail: