

CERTIFICATION OF WORK SERVICE CALL

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

FACID/Building: NY067 Date of Visit: 6/21/22

Contractor Personnel on Site:

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

Service Call Number

WO# 22711 WO# 22711

Description of Repairs

Labor and material to a.) repair ceiling exhaust OMS restrooms. b.) The exhaust fan supports both restrooms and needs to be replaced. This includes all associated wiring and duct work.

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Karlee Demain Date: 6/23/23

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: 2023JUN26

Signed: _____

E-Mail: _____