

**CERTIFICATION OF WORK
SERVICE CALL**

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

FACID/Building: NY010

Date of Visit: July 25th & 26th 2024

Contractor Personnel on Site:

- | | |
|-------------------------|----------|
| 1. <u>Michael Makey</u> | 4. _____ |
| 2. <u>John Jones</u> | 5. _____ |
| 3. _____ | 6. _____ |

Service Call Number

CSS# 96957

WO# 15205

Description of Repairs

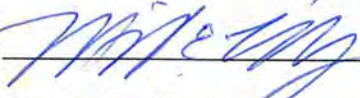
Replaced A/c unit for room 153. Cleaned Evaps for rooms 143 and 168 as per quote. Repaired shorted wiring to stat in room 143 and replaced with used stat from 153. Unit is now working and stat reads. Fixed blocked drain in room 147 after customer brought to our attention. Pump in room 168 is pumping very slow. Cleaned pump and still pumping slow. Clearview pump and poly line going outside needs to be replaced.

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Michael Makey

Date: July 26th 2024

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: Beth Julia

Date: 20240726

Signed: 

E-Mail: _____

