

**CERTIFICATION OF WORK  
SERVICE CALL**

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

FACID/Building: NY065 BLDG1 Date of Visit: 8/20/25

Contractor Personnel on Site:

- |                         |          |
|-------------------------|----------|
| 1. <u>Patrick Brown</u> | 4. _____ |
| 2. _____                | 5. _____ |
| 3. _____                | 6. _____ |

**Service Call Number**

CSS# 3031175 WO# 18467

**Description of Repairs**

I removed 6 shower doors that were leaking and not functioning  
properly and installed 6 new shower doors, 2 in the women's  
bathroom, 4 in the men's.  
and tested for proper operation

**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Patrick Brown Date: 8/20/25

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: Matthew M. Collier Date: 8/20/25

Signed: \_\_\_\_\_

E-Mail: \_\_\_\_\_

