

## CERTIFICATION OF WORK SERVICE CALL

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

FACID/Building: NY030 BLDG1 Date of Visit: 4/9/25

Contractor Personnel on Site:

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

**Service Call Number**

CSS# 2992319 WO# 17640

**Description of Repairs**

I Isolated pump number 2 navy side, then removed the electrical  
then i removed the pump that was not functioning then i cleaned  
the flange surfaces and installed the new pump then i tested for  
leaks.I rewired the new pump and tested for direction and proper  
operation

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## CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Patrick Brown Date: 4/9/25

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: SFC FARR, Jason Date: 4/9/25

Signed: 

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

