

**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

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: _____

