

**CERTIFICATION OF WORK  
SERVICE CALL**

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

FACID/Building: Ny052 Date of Visit: 9/25/24

Contractor Personnel on Site:

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

**Service Call Number**

CSS# 99000 WO# 16662

**Description of Repairs**

I removed the gas lines and water lines that were leaking. I removed the pressure relief valve. I removed the spark controller. I removed the gas valve then I installed all new parts and The unit still did not function properly, I Was able to fix the water leaks and the gas leaks

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**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Patrick Brown Date: 9/25/24

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: Sam Smith Date: 9/25/24

Signed: 

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



