

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

CERTIFICATION OF WORK

To be signed by the Contractor:

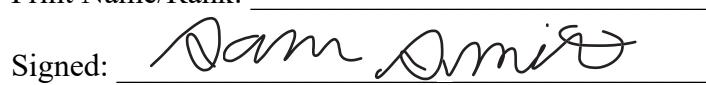
Print Name: Patrick Brown Date: 9/25/24

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: _____

