

**CERTIFICATION OF WORK
SERVICE CALL**

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

FACID/Building: NY013 BLDG1 Date of Visit: 1/23/23

Contractor Personnel on Site:

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

Service Call Number

CSS# 90341 WO# 19735

Description of Repairs

I removed 4 nut unions and installed four new nut unions I removed
two pressure relief valves and installed two new pressure relief
valves in the proper position I removed one flow switch and
installed a new flow switch and I removed old piping and installed
new piping I also ran new drains for the pressure relief valves

CERTIFICATION OF WORK

To be signed by the Contractor:

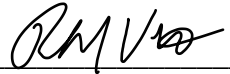
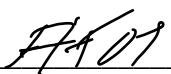
Print Name: Patrick Brown Date: 1/23/23

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: Ron vogt Date: 1/23/23

Signed:  

E-Mail: _____

