

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: 2/6/23

Contractor Personnel on Site:

1. Patrick Brown
2. _____
3. _____
4. _____
5. _____
6. _____

Service Call Number

css# 91758 wo# 21055

Description of Repairs

I remove the circulating pump that was not functioning and installed a new pump and tested for proper operation

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Patrick Brown Date: 2/6/23

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: Mike McCarthy Date: 2/6/23

Signed: Michael Mays

E-Mail:

