

**CERTIFICATION OF WORK
SERVICE CALL**

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

FACID/Building: NY030 BLDG2 Date of Visit: 9/18/23

Contractor Personnel on Site:

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

Service Call Number

CSS# 90425 WO# 11772


Description of Repairs

I removed the existing tube heaters by unhooking the
natural gas unhooking the power and removing the old
hardware. I then installed the new unit and tubes
Reconnected the electrical and reconnected the natural
gas. I then tested for proper operation

CERTIFICATION OF WORK

To be signed by the Contractor:

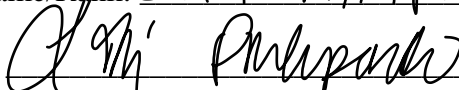
Print Name: Patrick Brown Date: 9/18/23

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: JUDE Philfranco Date: 9/18/23

Signed: 

E-Mail: _____

