

**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: 11/14/23

Contractor Personnel on Site:

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

Service Call Number

CSS# 94760 WO# 13676


Description of Repairs

Removed the motor starter and transformer that
were not functioning properly and installed new
transformer and motor starter And tested for
proper operation.

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Patrick Brown Date: 11/14/23

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: Jodi Philipenko Date: 11/14/23

Signed: 

E-Mail: _____

