

CERTIFICATION OF WORK SERVICE CALL

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

FACID/Building: NY051 Date of Visit: 8/18/22

Contractor Personnel on Site:

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

Service Call Number

css# 3550 wo# 17183

Description of Repairs

I removed the old pump that was squealing and wiring and installed a new pump and wiring and tested for proper operation

CERTIFICATION OF WORK

To be signed by the Contractor:

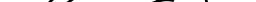
Print Name: **Patrick Brown** Date: **8/18/22**

Signed: John Doe

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: Muniz, Luis S. / SSG Date: 8/18/22

Signed: 

E-Mail:



