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

FACID/Building: CANTON NY Date of Visit: 2-17-22

Contractor Personnel on Site:

1. Keith Pearson
2. PAUL LoRUSSO
3. _____
4. CSS#33732 WO#16867
5. _____
6. _____

Service Calls – Service Call Number and Description

1. _____
2. _____
3. _____

Replaced Gate operator @ POU Lot into motor-pool

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Keith Pearson Date: 2-17-22

Signed: _____

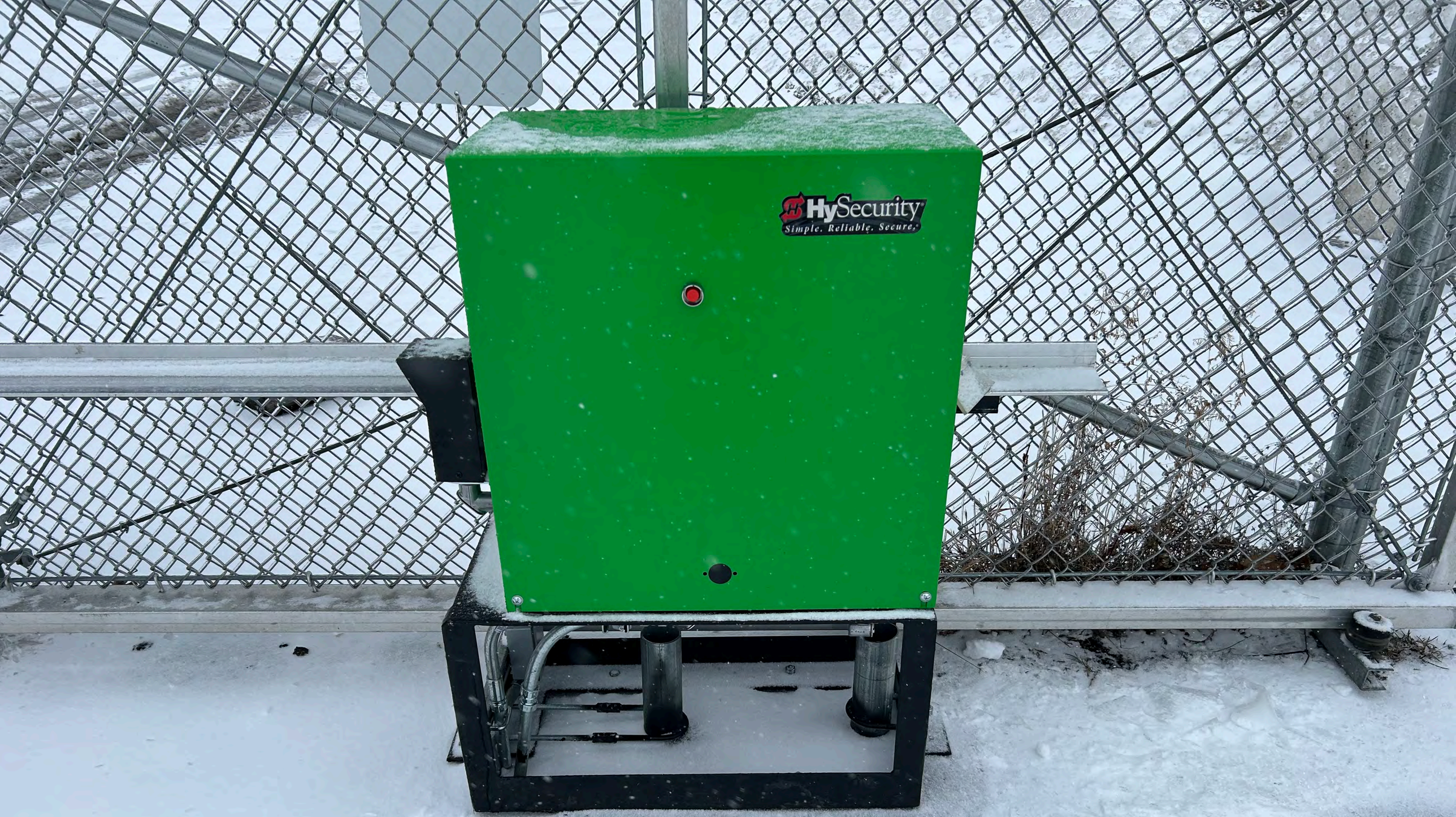
To be signed by Facility Manager:

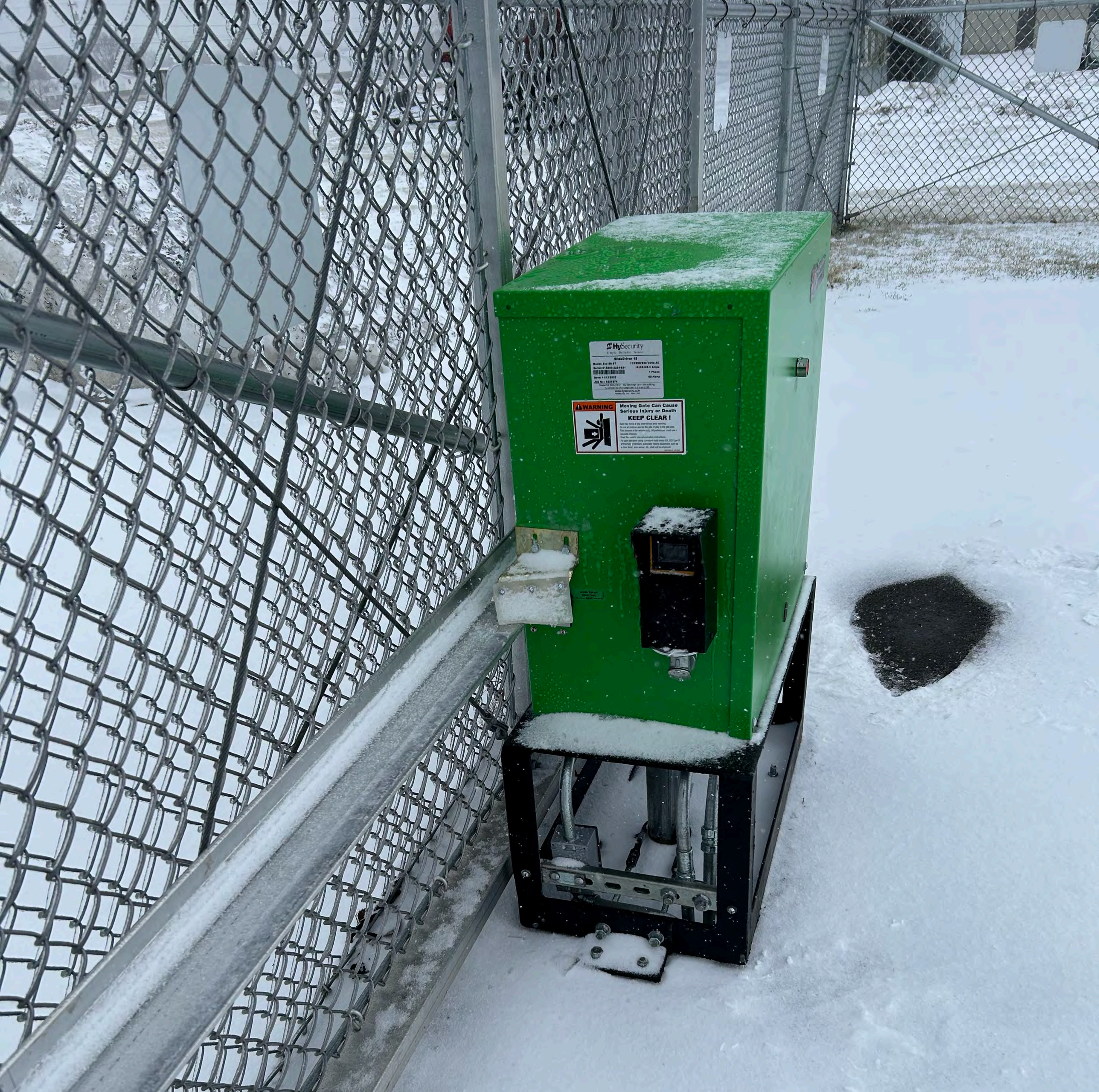
By signing the Certification of Work, the said government representative signature does not constitute acceptance of any work performed by the contractor, it only acknowledges that the contractor was on-site during the identified timeline:

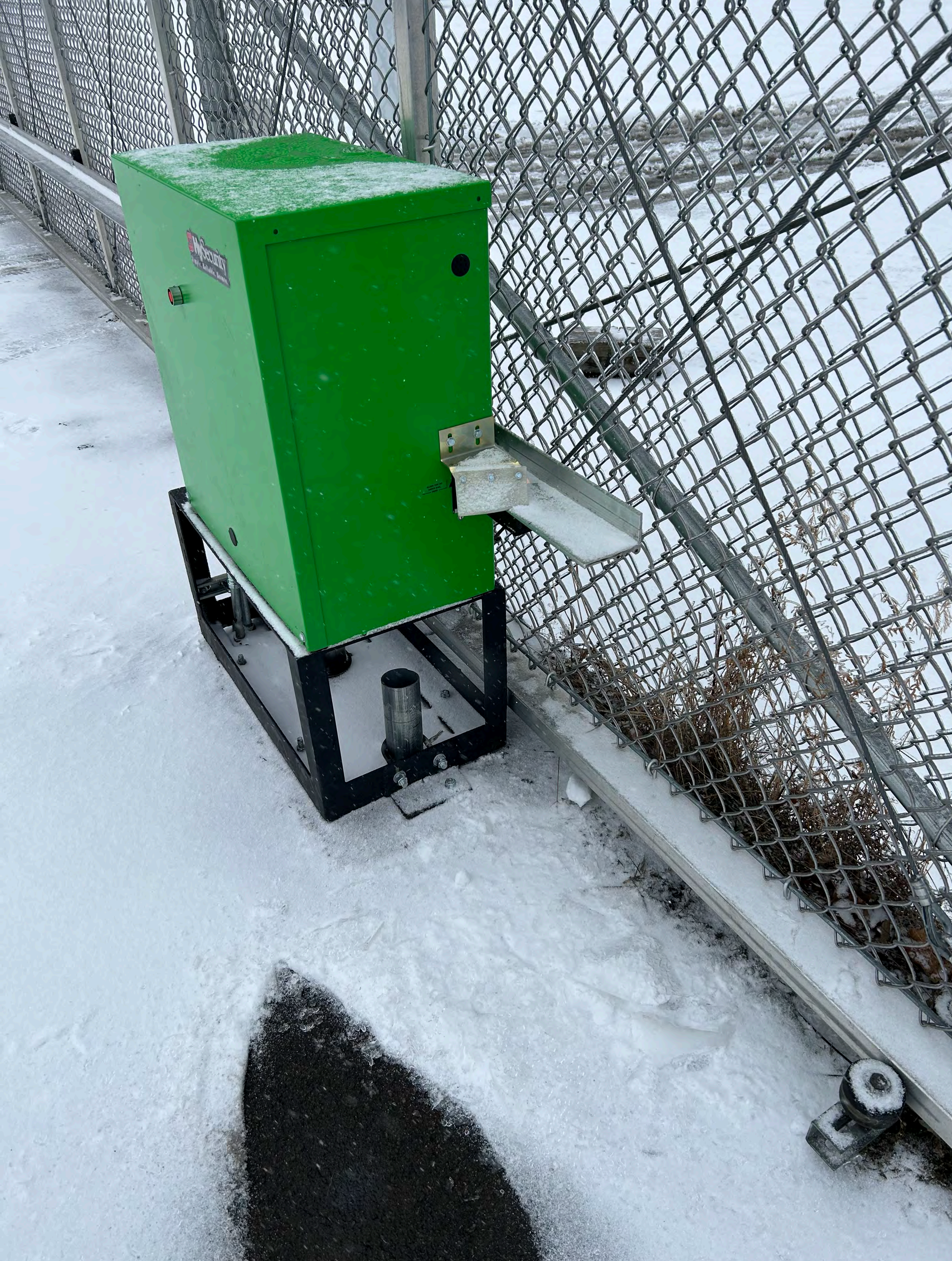
Print Name/Rank: BRESETT, JAMIE Date: _____

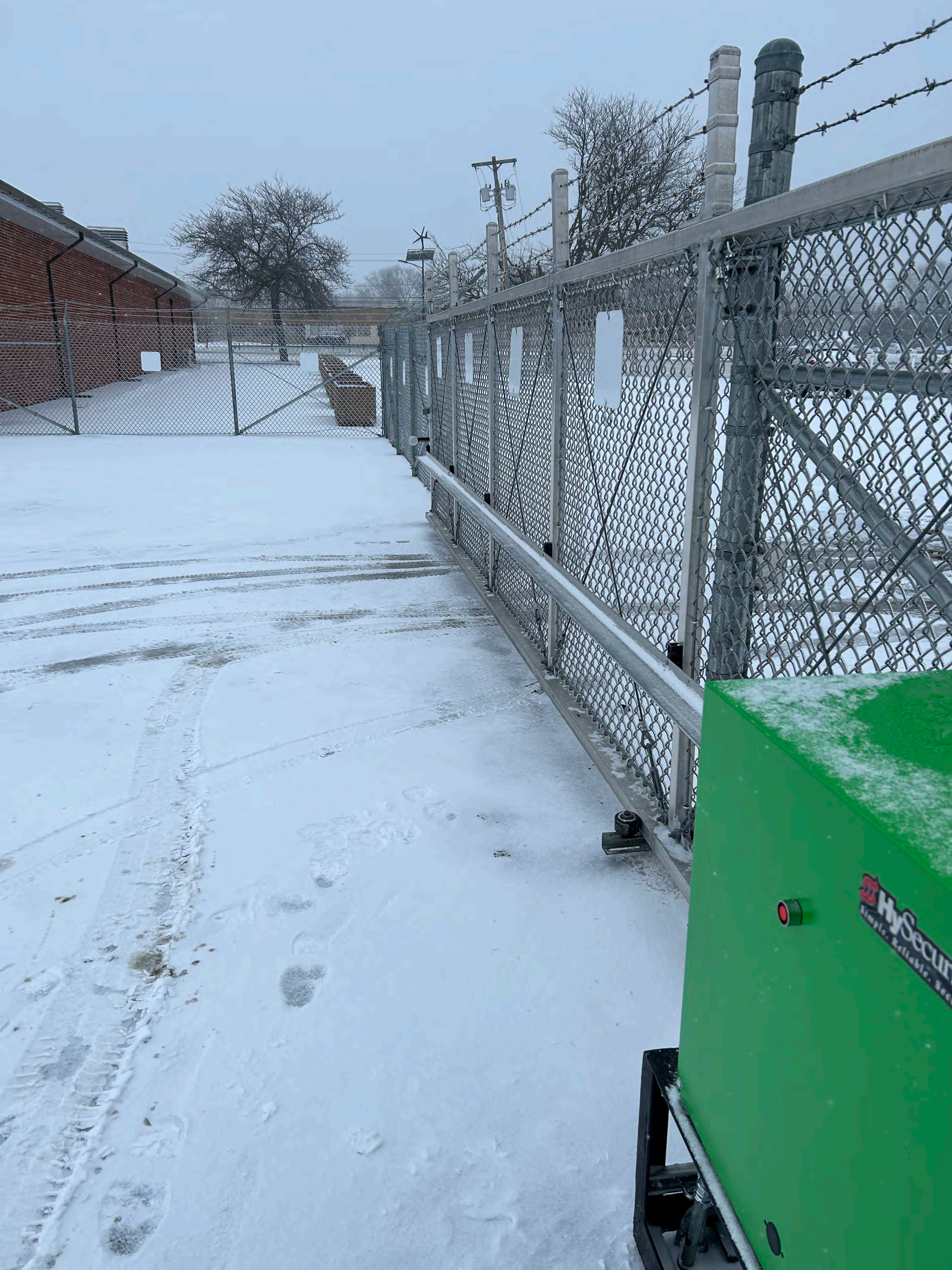
Signed: _____

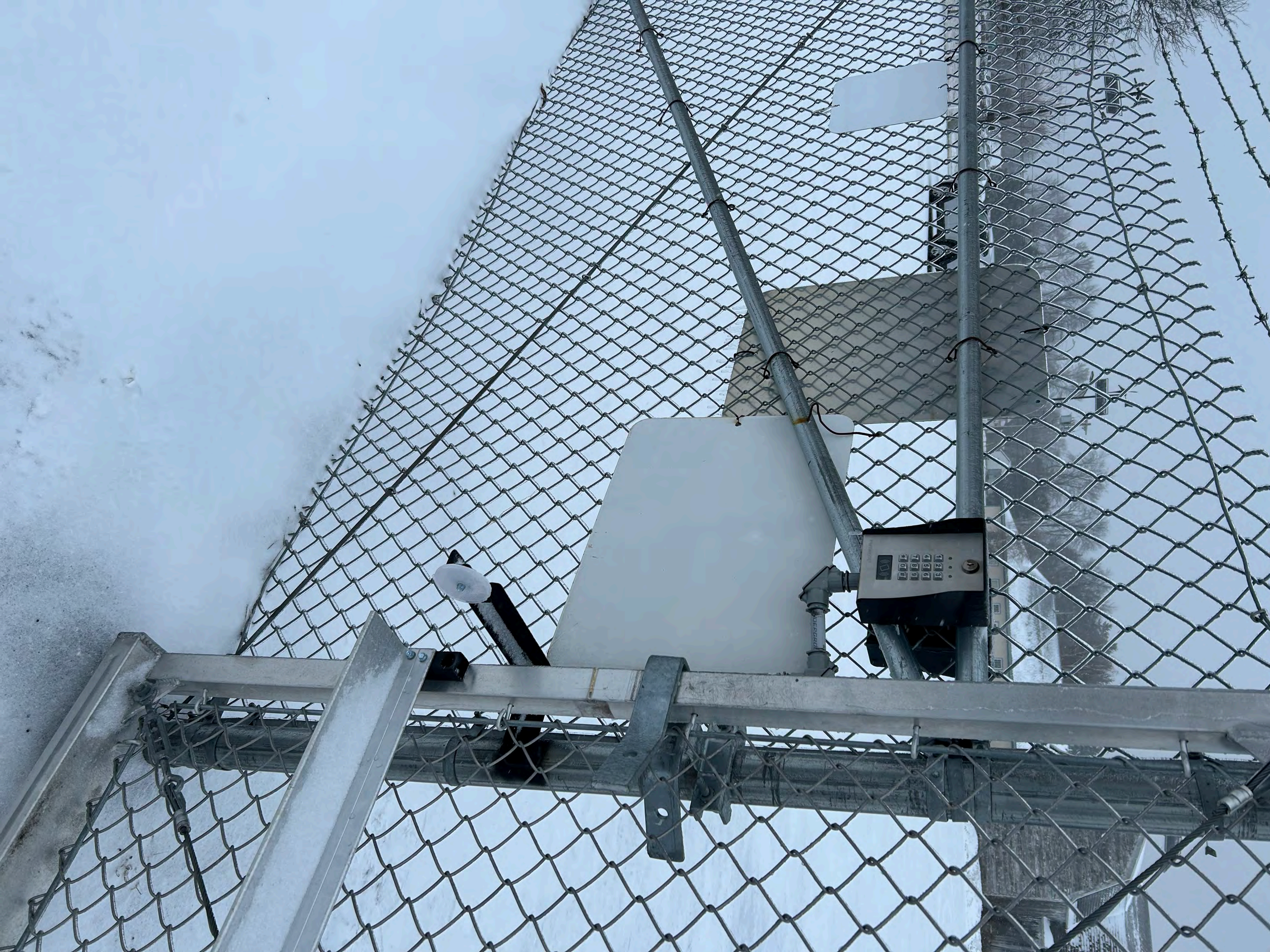
E-Mail: _____

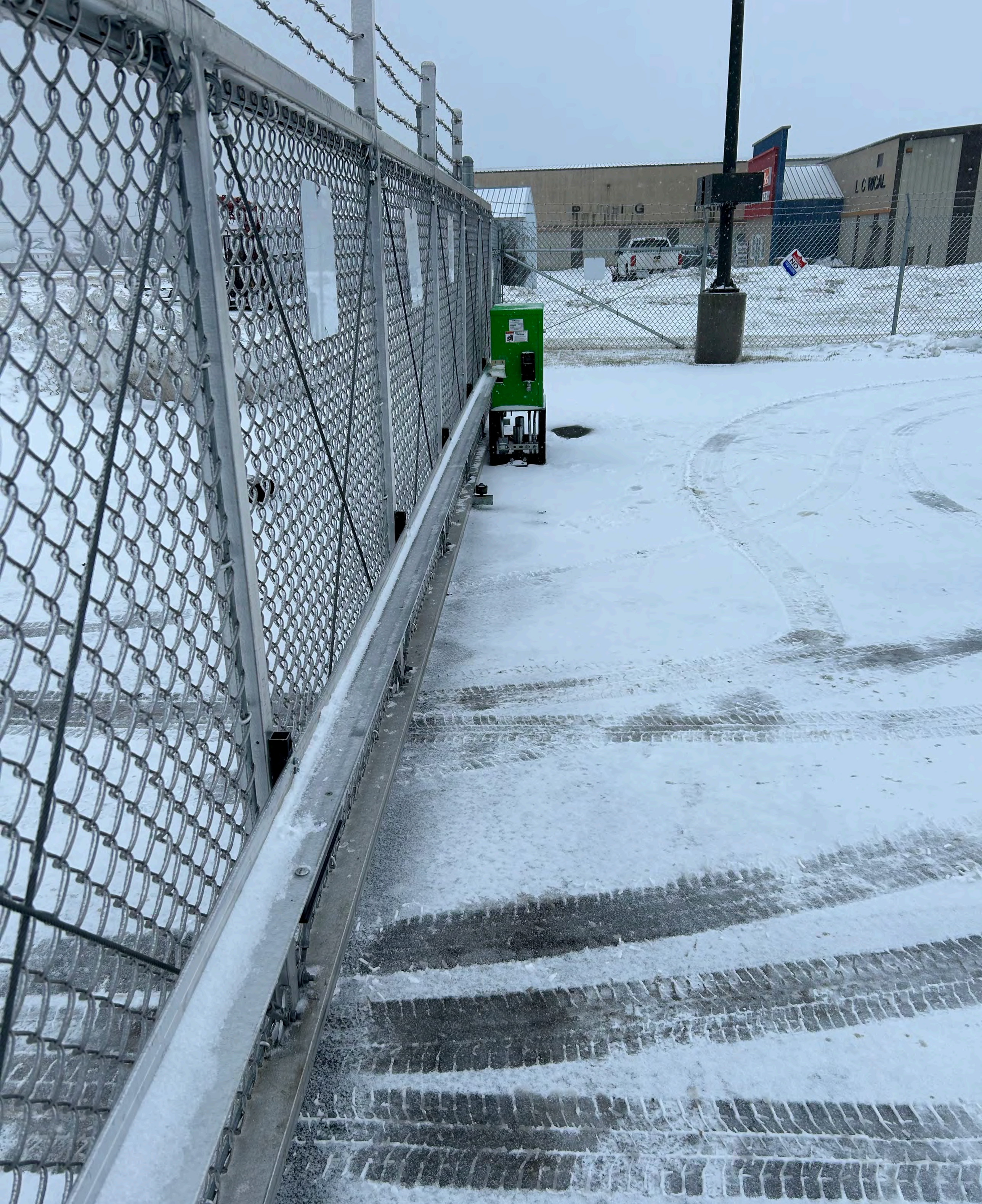

HySecurity
Simple. Reliable. Secure.


HySecurity
SlideDriver 15
WARNING
Moving Gate Can Cause
Serious Injury or Death
KEEP CLEAR !




HyS




L C RICAL
NO