

CERTIFICATION OF WORK

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

FACID/Building: N4-128 Date of Visit: 9/18/23

Contractor Personnel on Site:

- |                           |          |
|---------------------------|----------|
| 1. <u>Joe Marchese</u>    | 4. _____ |
| 2. <u>Dillon Indeljit</u> | 5. _____ |
| 3. _____                  | 6. _____ |

Work Performed:

**Preventive Maintenance** - Services Completed (Annual, Quarterly, Monthly, equipment identification, etc.)

- |                         |       |
|-------------------------|-------|
| 1. <u>Boiler Annual</u> | _____ |
| 2. _____                | _____ |
| 3. _____                | _____ |
| 4. _____                | _____ |

Inspection, Testing, and Certification

- |          |       |
|----------|-------|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |

Other Recurring Services

- |          |       |
|----------|-------|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |

Service Calls – Service Call Number and Description

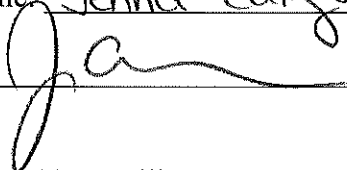
- |          |       |
|----------|-------|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |

**Over and Above Repair Work – Order Number and Description of Work Completed**

Performed Annual Inspections  
on Balers per CM1 List

**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Jenna Caligaris Date: 9/19/23  
Signed: 

To be signed by Facility Manager:

I certify that the above named individuals representing the Contractor arrived on site and to the best of my knowledge, completed the stated work listed:

Print Name/Rank: \_\_\_\_\_ Date: \_\_\_\_\_

Signed: \_\_\_\_\_

E-Mail: \_\_\_\_\_