

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

FACID/Building: Jane Lee Date of Visit: 10/17/18

Contractor Personnel on Site:

1. _____ 2. _____

Work Performed:

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

1. WO# _____

Service Calls - Service Call Number and Description

1. CSS# 14872 - 3 Pole Lights out
2. CSS# _____
3. CSS# _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: John Gallea Date: 2018 10 18
Signed: John Gallea

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: Yok Jiam, Shanc Date: 2018 10 17
Signed: Yok Jiam, Shanc
E-Mail: Shanc.j.yokjiam((u@mail).mi)