CERTIFICATION OF WORK

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

FACID/Building: PA166 Date of Visit: 11-27-18

Contractor Personnel on Site:

1. Timothy Peters 2. _____

Work Performed: Took the flush valve apart and found out that both flush valves need to be replaced

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

1. WO# 6785

Service Calls – Service Call Number and Description

1. CSS# 16252
2. CSS# _____
3. CSS# _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Bozer Martinovich Date: 11-27-18

Signed: Bozer Martinovich

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: TIMOTHY S PETERS Date: 27 NOV 18

Signed: Timothy S Peters

E-Mail: _____