CERTIFICATION OF WORK

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

FACID/Building: PA020 Date of Visit: 11-28-18

Contractor Personnel on Site:

1. Tim Peters 2. _____

Work Performed: Ran sewer machine down the drain that was clogged opened the drain at 30' ran water and it's open and flowing. Looked at the sweeper need to order parts to stop it from leaking

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

1. WO# 6774

Service Calls – Service Call Number and Description

1. CSS# 16465
2. CSS# _____
3. CSS# _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Bojan Martinovich Date: 11-28-18

Signed: Bojan 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: 28 NOV 18

Signed: _____

E-Mail: _____