

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

FACID/Building: 89 Date of Visit: 1-9-19

Contractor Personnel on Site:

1. _____ 2. _____

Work Performed:

Preventive Maintenance - Services Completed (Annual, Quarterly, Monthly, equipment identification, etc.) Replaced 2 new Flush valves and adjusted the water flow in Both Toilets

1. WO# _____

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: Bojan Martinovich Date: 1-9-19

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: Rachel Hughes Date: 9-1-19

Signed: Rachel Hughes

E-Mail: _____







