

CERTIFICATION OF WORK

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

FACID/Building: _____ Date of Visit: 2/15/19

Contractor Personnel on Site:

1. Sentry mechanic 2. _____

Work Performed:

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

1. WO# _____

Service Calls – Service Call Number and Description

1. CSS# 17041
2. CSS# _____
3. CSS# _____

Installed 2 Sewer Fan hotel smoke
area

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Dale Date: 2/15/19

Signed: Dale

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: 2/15/19

Signed: _____

E-Mail: _____



