CERTIFICATION OF WORK
SERVICE CALL

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

FACID/Building: P&C53-01 Date of Visit: 1-22-19

Contractor Personnel on Site:

1. Dominic Stango 4. _____
2. _____ 5. _____
3. _____ 6. _____

Service Call Number

CSS# 17219 WO# 7463 7476 ST

Description of Repairs

had to reinstall ice drop strainer inside ice machine

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Dominic Stango Date: 1-22-19

Signed: [signature]

To be signed by Facility Manager:

By signing the Certification of Work, the said government representative signature does not constitute acceptance of any work performed by the contractor, it only acknowledges that the contractor was on-site during the identified timeline:

Print Name/Rank: CHARLES EDELINE Date: 1-22-19

Signed: [signature]

E-Mail: _____


SUPERIOR SALES CO.