CERTIFICATION OF WORK

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

FACID/Building: PA052 Date of Visit: 11-29-18

Contractor Personnel on Site:

1. AL MOLINSKI 2. _____

Checked all of the pluming. Fixed one leaking urinal and

Work Performed: cleaned out the water ~~from~~ founten and fix the flow Need order new cartrige for a hop faucet

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

1. WO# 6808

Service Calls – Service Call Number and Description

1. CSS# 16523
2. CSS# _____
3. CSS# _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Brian Martynovich Date: 11-29-18

Signed: _____

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: AL MOLINSKI Date: 11/29/18

Signed: _____

E-Mail: _____