

CERTIFICATION OF WORK

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

FACID/Building: _____

Date of Visit: 10/22/18

Contractor Personnel on Site:

1. Mike M

2. _____

Work Performed:

CSS# 15023 Asset #6720

Replaced compressor regulator.

Please take pictures

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Mike M Date: 10/22/18

Signed: [Signature]

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: David Cooper Date: 10-22-18

Signed: [Signature]

E-Mail: _____