

**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**

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**CERTIFICATION OF WORK**

To be signed by the Contractor:

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

Signed: Mike

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: David

E-Mail: \_\_\_\_\_