

CERTIFICATION OF WORK

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

FACID/Building: NY058

Date of Visit: 18 JULY 2009

Contractor Personnel on Site:

1. P. Green, Swanson 2. J. Womble

Work Performed:

Preventive Maintenance -(Annual, Quarterly, Monthly, equipment identification, etc.)
Service Orders -

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: John Woltere Date: 19 July 2019

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:



Electric Shock Hazard

Can cause severe personal injury or death

Turn off electrical power before removing this panel.

Service must be performed by a qualified service person.

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Air Conditioning