

CERTIFICATION OF WORK

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

FACID/Building: 356, NY, 024 Date of Visit: 09/08-09/20

Contractor Personnel on Site: 1, *Ari* 2

Work Performed: Roof & Plumbing Repairs

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

Service Orders -

CGS:26233, WO:10231 //

Asset #	Qty	Asset Description
	1	Seal floor in Mechanical Room
	2	Replace leaking piping & leaking fittings
	3	Replace stained ceiling tiles in Room 123 305 area.

CERTIFICATION OF WORK

To be signed by the Contractor:

PrintName: Arian Kodra Signed: ArianKodra Date: 09/08/20

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:

PrintName/Rank: Vincent Giordano Date: Sept 8 2020

Signed  E-Mail: