

CSS # 17298 NO# 3166

CERTIFICATION OF WORK

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

FACID/Building: NY 023 200

Date of Visit: 7/24 8/8

Contractor Personnel on Site:

1. J WORMLE

2. G WALTER C SMITH
J CONRAD K HAN

Work Performed:

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

Asset #	Qty	Asset Description
	2ea	TOILETS REPAIRED
	1ea	FAUCET REPAIRED
	3ea	FAUCETS REPLACED W/ MOEN
		WS 8/906
	2ea	VALVES REPAIRED

CERTIFICATION OF WORK

To be signed by the Contractor:

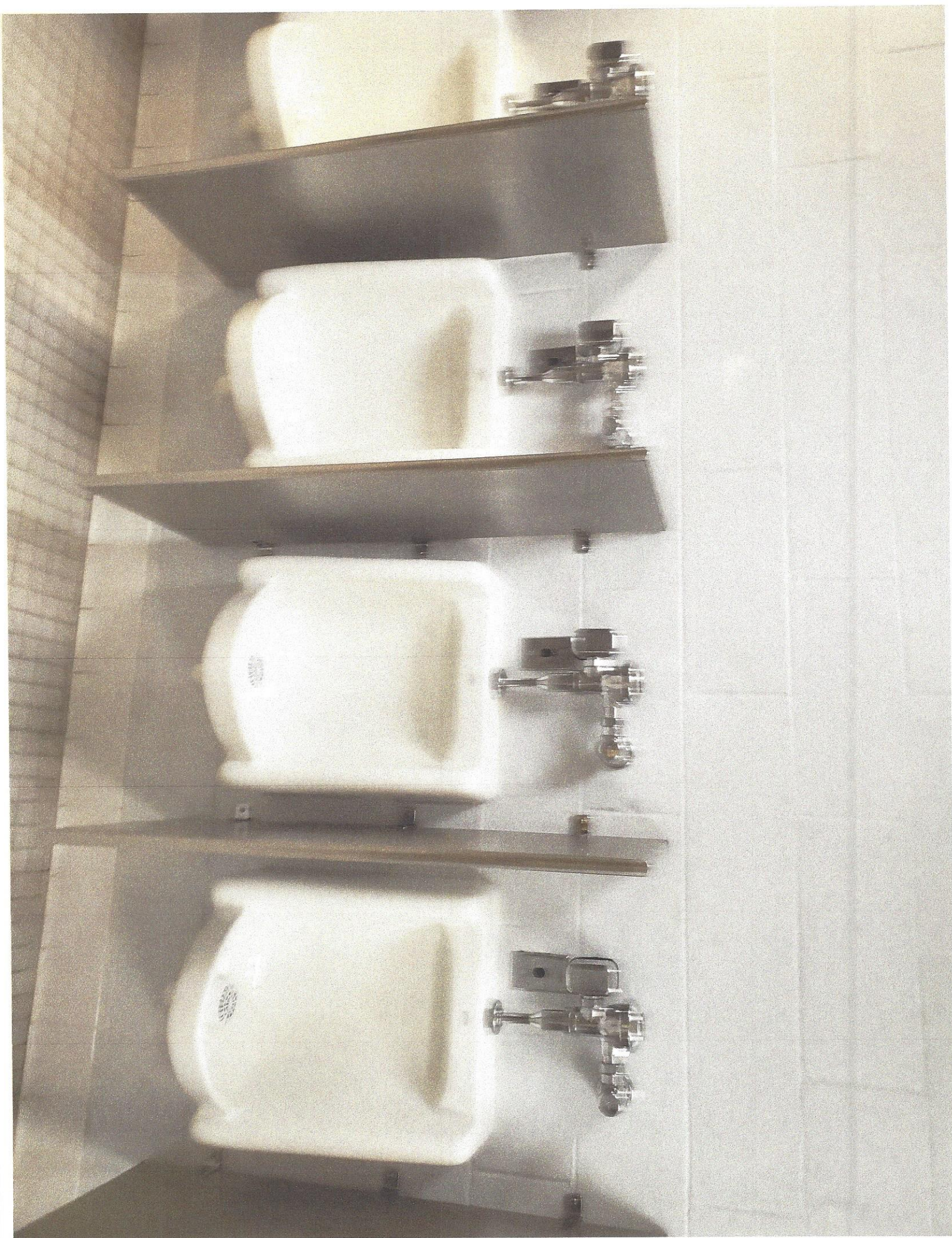
Print Name: [Signature]

Date: 8/1/2002

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:











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