

CERTIFICATION OF WORK

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

FACID/Building: 123 Date of Visit: 10/23/18

Contractor Personnel on Site: 1. Ari, Dori 2. Xauli, Fredi

Work Performed: Roof Drain.

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

Service Orders -

Asset #	Qty	Asset Description
-	1	Fit Drainage on roof Build. 123.
		Replace pipe under roof at north slope.

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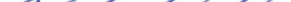
To be signed by the Contractor:

PrintName: Arian Kodra Signed: Arian Kodra Date: 10/23/18

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: Louis Cazier AFOS Date: 10/23/19

Signed:  E-Mail: Luis.A.CORBO-CTE@mba.unc.edu

