

**ATTACHMENT J-0200000-05
FORMS**

Over and Above Repair Work – Order Number and Description of Work Completed

Drill Ice Core And Replace - Room 2002 c

CERTIFICATION OF WORK

To be signed by the Contractor:

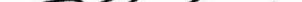
Print Name: Craig Wessel Date: 10/25/19

Signed: Craig W.

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: Louis Corzo AFOS Date: 10/25/19

Signed:  Jim Miller

E-Mail: louis.a.corbo.cin@mail.mcgill.ca

door lock room 2002C