

CERTIFICATION OF WORK

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

FACID/Building: WV-23 #121 Date of Visit: 10/30/19

Contractor Personnel on Site:

1. ISG 2. _____

Work Performed:

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

Asset #	Qty	Asset Description
		# CSS 22188
		# WO 2-6058
	1	CHANGED 2 BELT ON EXHAUST FAN
		Belt # 42230
		1 ^{HR} LABOR

CERTIFICATION OF WORK

To be signed by the Contractor:

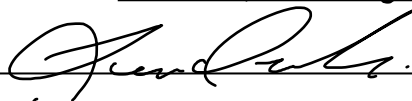
Print Name: Mikew / Deano R Date: 10/30/19

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:

Print Name/Rank: Louis Corbo Date: 10/30/19

Signed: 

E-Mail: Louis.A.Corbo.CT@MA.I.M.I

