

CERTIFICATION OF WORK

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

FACID/Building: NY023 Bsns 200 Date of Visit: 2/7/20

Contractor Personnel on Site:

1. PHIL SHERIDAN

2. Tom Bottom

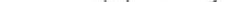
Work Performed:

Preventive Maintenance -(Annual, Quarterly, Monthly, equipment identification, etc.)
Service Orders - *188 77361 15/02*

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: John Weller Date: 2/2/20

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: 2/09/20

Signed: Louis Corbo

E-Mail: Louis-A. Corbo-ctr@gmail.com



