

CERTIFICATION OF WORK	
(To be completed by the Contractor and saved in the Contractor's CMMS)	
FacID/Building:	NY23 REP 1-6
Date of Visit:	9/18/27
Location Address:	ET TOTTA NY
Contractor Personnel on Site:	
<u>JIMMY TOM TERRA</u>	
Work Performed: <u>REPAIRS FOR FAN COIL - CHARGE SYSTEM</u>	
Service Calls - PO/CSS# <u>0559461 0023540 10004-1053</u>	
Please take pictures and send with quote	
CERTIFICATION OF WORK	
To be signed by the Contractor:	
Print Name:	<u>JOHN W. HU</u>
Date:	<u>9/18/27</u>
Signed:	<u>John</u>
To be signed by Facility Manager:	
I certify that the above named individuals representing the Contractor arrived on site.	
Print Name/Rank:	<u>LOUIS CERINO</u>
Date:	<u>18 JULY 2027</u>
Signed:	<u>Louis C. Cerino</u>
Email:	<u>Louis.A.Cerino.SV@ayr.net</u>

