

CERTIFICATION OF WORK

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

FACID/Building: NY023_CSS 24595____ Date of Visit: 03-23-2020_____

Contractor Personnel on Site:

1. Fredi Marteniz_____ 2. _____

Work Performed: Secure brush on top, secure hanging loose cover, repair damaged bottom rail, install on one side weather seal rubber on track, set limit switch and general maintenance

Asset #	Qty	Asset Description

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Michele Dubois behalf of Fredi Martinez_____ Date: 03-23-2020_____

Signed: Michele Dubois

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: _____ Date: _____

Signed: _____

E-Mail: _____