

**CERTIFICATION OF WORK**

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

FACID/Building NY023\_\_\_\_\_ Date of Visit: 04-07-2020

Contractor Personnel on Site: NY023\_CSS 24772\_WO 7923

1. DEEN ROW 2. \_\_\_\_\_

**Work Performed: Repair hot/cold water issue in sink of female bathroom in AMSA**

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

| Asset # | Qty | Asset Description                         |
|---------|-----|---|
|         |     | REMOVED AND REPLACED FAUCET, SEE PICTURES |
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**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

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: \_\_\_\_\_ Date: \_\_\_\_\_

Signed: \_\_\_\_\_

E-Mail: \_\_\_\_\_