

CERTIFICATION OF WORK

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

FACID/Building: NY023-24984 Date of Visit: 05-12-2020

Contractor Personnel on Site:

1. ISG Deen Rowe

Work Performed:

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

Asset #	Qty	Asset Description
		Fix or replace large panel cover for outside transformer (located on ground) inside yard of Building # 128
		Deen secured panel for Olsen Transformer preventing
		Exposure to elements. Recommended for replacement.
		advise to contact
		Electric company to inquire if this falls under their
		Responsibility.

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name Deen Rowe Date 05-12-2020

Signed: Deen Rowe

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: _____

