

**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.

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**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: \_\_\_\_\_

