

# CERTIFICATION OF WORK

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

FACID/Building: NY23 B200 Date of Visit: 8/24

Contractor Personnel on Site:

1. DOMINIC TRISSE 2. \_\_\_\_\_

Work Performed: CSS 2582X WO 9329

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

Asset #	Qty	Asset Description
		REPLACED 40 FT OF
		2 1/2" PIPE INSULATION
		WITH POLY-URAC
		REPAIR CRACK TILE

## CERTIFICATION OF WORK

To be signed by the Contractor:

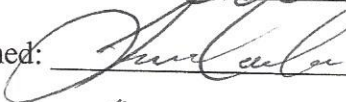
Print Name: JOHN NOHME Date: 8/24

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: Louis Corbo Date: 21 Aug 2020

Signed: 

E-Mail: Louis-A-Corbo-CTR@MA.L.M.I.





