

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

FACID/Building: NY23 GATE

Date of Visit: 10/13/20

Contractor Personnel on Site: PMJA

1. PAUL KANDER

2. THO

Work Performed:

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

CSS 76899

WO 10313

Asset #	Qty	Asset Description
		REPAIR MOP BEAM
		GATE
		REPLACE ROSS
		REPAIR GATE
		REPAIR CONTRACTOR
		REPAIR CONTRACT

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: JOHN WORTAL

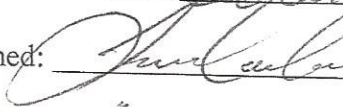
Date: 10/13/20

Signed: [Signature]

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: 10/13/2020

Signed: 

E-Mail: LOUIS-A-CORBO-CTR@MAIL.MI



