

CERTIFICATION OF WORK

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

FACID/Building: NY0023/200 Date of Visit: 11/6/2020

Contractor Personnel on Site:

1. Michael Sarro 2. _____

Work Performed:

Preventive Maintenance - Services Completed (Annual, Quarterly, Monthly, equipment identification, etc.)

- 2-10314 An additional Solar light on the opposite side, front of building 200 is also in need of diagnostics.
1. WO# _____

Service Calls - Service Call Number and Description

1. CSS# 26900
2. CSS# _____
3. CSS# _____

Pictures are required (Before and After)

CERTIFICATION OF WORK

To be signed by the Contractor:

Michael Sarro 11/6/2020
Print Name: _____ Date: _____

Signed: 

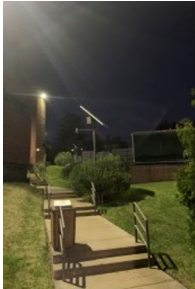
To be signed by Facility Manager:

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: LINN.RYAN.G.1037390832
Digitally signed by LINN.RYAN.G.1037390832
Date: 2020.11.10 13:27:51 -05'00'

E-Mail: _____



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IMG_7335



IMG_7336



IMG_7337



IMG_7338



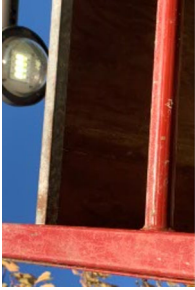
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IMG_7341



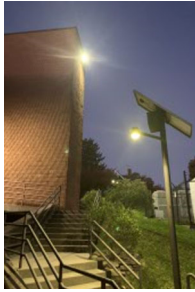
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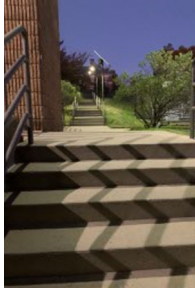
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