

## 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:

Michael Sarro

1. \_\_\_\_\_ 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

**26900**

1. CSS# \_\_\_\_\_  
2. CSS# \_\_\_\_\_  
3. CSS# \_\_\_\_\_

**Pictures are required (Before and After)**

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## CERTIFICATION OF WORK

To be signed by the Contractor:

Michael Sarro

Print Name: \_\_\_\_\_ Date: 11/6/2020

Signed: S

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: \_\_\_\_\_



IMG\_7338



IMG\_7343



IMG\_7337



IMG\_7342



IMG\_7336



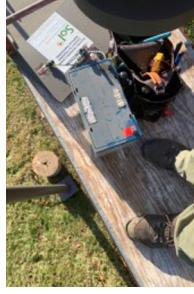
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IMG\_7342



IMG\_7335



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