

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

FACID/Building: NY023 BLDG 24 Date of Visit: 11/5

Contractor Personnel on Site:

1. J22-1 2. PAUL

Work Performed:

Preventive Maintenance -(Annual, Quarterly, Monthly, equipment identification, etc.)
Service Orders - CS 27343 WO 10698

Asset #	Qty	Asset Description
		REPAIR DOOR & FRAME
		PAINT DOOR

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: PAUL WATKINS

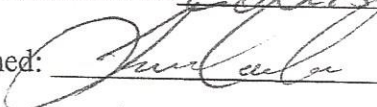
Date: 11/6/20

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: 5 NOV 2020

Signed: 

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



