

CERTIFICATION OF WORK

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

FACID/Building: NY0023/B200 Date of Visit: 11/10/2020

Contractor Personnel on Site:

1. Michael Sarro 2.

Work Performed:

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

1. WO# N/A Repairs to lighting in Office 2016 loose neutral plus additional finding. Additional report submitted.

Service Calls – Service Call Number and Description

1. CSS# 27621
2. CSS#
3. CSS#

Pictures are required (Before and After)

CERTIFICATION OF WORK

To be signed by the Contractor:

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

Signed: Michael Sarro

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.103
7390832

Digitally signed by
LINN.RYAN.G.1037390832
Date: 2020.11.13 13:51:40 -05'00'

E-Mail:

