

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

FACID/Building: NY23 Bldg 700 Date of Visit: 12/1/20

Contractor Personnel on Site:

1. Bob Cannon 2. CHARLES/JAMES TITO

Work Performed:

Preventive Maintenance -(Annual, Quarterly, Monthly, equipment identification, etc.)  
Service Orders - CSS 2775 WO 11089

Asset #	Qty	Asset Description
		DRIFT DOWN BUILDING
		SET UP EQUIPMENT
		REMOVE 5" PIPE
		RELINNET TO FAN COIL 2ND FLOOR
		REPAIR SYSTEM/CHILL FOR LEAK
		REPAIR DMC
		MOVE FRAMING

**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: TOMMY NOLAN Date: 12/1/20

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: 1 DEC 20

Signed: [Signature]

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





