

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

FACID Building: 1103 MOUNTAIN LANE Date of Visit: 10/11/18
 Location Address: 6710 10TH AV

Contractor Personnel on Site:
MR. PAUL JONES

Work Performed: REPAIR GATE LOOP
 Service Call: - POCCSS
655 7716 NO 1826

Please take pictures and send with quote

CERTIFICATION OF WORK

To be signed by the Contractor:
 Print Name: PAUL JONES Date: 10/11/18
 Signed: PAUL JONES

To be signed by Facility Manager:
 I certify that the above named individuals representing the Contractor arrived on site.
 Print Name/Rank: LEON SANTO ACEA Date: 14 Oct 2018
 Signed: LEON SANTO ACEA
 Email: LEON.SANTO.570@mail.com

