



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

FACID Building: 319 Date of Visit: 11/2/21
Location Address: _____
Contractor Personnel on Site: CARL CAMPBELL
Work Performed: FINISH AND INSTALL LEVER LOCK
Service Call#: POCS5
CS 32768
Please take pictures and send with quote

CERTIFICATION OF WORK

To be signed by the Contractor:
Print Name: CARL CAMPBELL Date: 11/2/21
Signed: [Signature]
To be signed by Facility Manager:
I certify that the above named individuals representing the Contractor arrived on site.
Print Name Rank: CS 32768 Date: 11/2/21
Signed: [Signature]
Email: Carl.Campbell@portjervis.ny.us

Job #12345
Site #12345
11/2/2021 10:27 AM
118 Duane Road Port Jervis, NY 13339

