

CERTIFICATION OF WORK

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

FACID/Building: 123

Date of Visit:

7/8/22 & 7/12/22

Location Address: 200 DUANE RD, BAYSIDE, NY, 11359

Contractor Personnel on Site:

Bruce Ronsley / Dan Lamonica

Work Performed: REMOVED JAMMED LOAD CABLE SECTION, INSPECTED FOR DAMAGE, INSTALLED NEW LOAD CABLE AND ADJUSTED LIMITS.

Service Calls - PO/CSS#

646

Please take pictures and send with quote

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Bruce Ronsley

Date: 7/12/22

Signed: Bruce Ronsley

To be signed by Facility Manager:

I certify that the above named individuals representing the Contractor arrived on site.

Print Name/Rank: _____

Date: _____

Signed: _____

Email: _____





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