

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

FACID/Building: NYS Bldg 320 Date of Visit: 11/1/22
 Location Address: 175 E 17th St

Contractor Personnel on Site:
EVAN PAUL

Work Performed: REPAIR DOORS REPAIRING HINGE
 Service Calls - PO/CSS# 05280615 NO 15767

Please take pictures and send with quote

CERTIFICATION OF WORK

To be signed by the Contractor:
 Print Name: TAMM WOLFE Date: 12/1/22
 Signed: [Signature]

To be signed by Facility Manager:
 I certify that the above named individuals representing the Contractor arrived on site.
 Print Name/Rank: James Gaudin RF-3 Date: December 1, 2022
 Signed: [Signature]
 Email: James.Gaudin@state.ny.us

