



CERTIFICATION OF WORK	
(To be completed by the Contractor and saved in the Contractor's CMMS)	
FACID/Building:	1123 Berg 128
	Date of Visit: 12/18/22
Location Address:	1123 Berg 128
Contractor Personnel on Site:	John, STEPHEN
Work Performed:	Replace leaking sink flange
Service Calls - PO/CSRF	05590943 WO 2020
Please take pictures and send with quote	
CERTIFICATION OF WORK	
To be signed by the Contractor:	
Print Name:	John, STEPHEN
Signed:	
Date:	12/13/22
To be signed by Facility Manager:	
I certify that the above named individuals representing the Contractor arrived on site.	
Print Name/Rank:	Luis, CURRIO RFS
Signed:	
Email:	Luis.o.currio.cle@city-of-omaha.org