

CERTIFICATION OF WORK

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

FACID/Building: NY023_118-123-200-121-206-32-330 Date of Visit: 7/7

Location Address: WO #9239,9244,9245,9246,9247,9251,9552,9253,9254,9168,9240,9241,9242
9243,9248,9249,9255,9256,9257,9257,9259

Contractor Personnel on Site:

Deen Rowe

Work Performed: g Monthly PM Overhead doors key punch pad , keycard scanner, phone call box

Service Calls – PO/CSS#

Please take pictures and send with quote

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Deen Rowe

Date: 7/7/2020

Signed: *Michelle Dubois*

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: _____