

CERTIFICATION OF WORK

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

FACID/Building: NY023 WO 8982 Date of Visit: 8/3/2020

Location Address: _____

Contractor Personnel on Site:

Kone Crane/Deen Rowe

Work Performed: g Annual PM inspection Overhead Crane, CM Required

Service Calls – PO/CSS#

Repaired sheave that came loose while performing pm, CM required to replace wire rope

Please take pictures and send with quote

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Kone Krane Date: 08/03/2020

Signed: Deen Rowe

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: _____