

# CERTIFICATION OF WORK

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

FACID/Building: NY058 MAIN PUMP HOUSE Date of Visit: 9/13/20

Contractor Personnel on Site:

1. J. WATKINS
2. MTEE DONNEL

## Work Performed:

Preventive Maintenance -(Annual, Quarterly, Monthly, equipment identification, etc.)  
Service Orders -

Asset #	Qty	Asset Description
	4	Inspected 4 Back Flow Devices
		2 ea MAIN Pump House
		1 ea OMS
		1 ea MAIN Boiler Room
		Will file report with SUFFOLK COUNTY WATER
		ALL PASSED

## CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: JACK WATKINS Date: 9/13/20  
Signed: [Signature]

To be signed by Facility Manager:

I certify that the above named individuals representing the Contractor arrived on site and to the best of my knowledge, completed the stated work listed:

Print Name/Rank: Robert Banner

Date: 9/18/20


Signed: [Signature]

E-Mail: \_\_\_\_\_

**We performed the following backflow device testing:**

**We performed the following repairs:**

Remarks:

		Sales Tax		\$
		Pay This Amount		\$
BALANCES DUE OVER 60 DAYS WILL BE CHARGED INTEREST.		Received by: 		

**BALANCES DUE OVER 60 DAYS WILL BE CHARGED INTEREST.**

