

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

FACID/Building: NY088 MAEN Date of Visit: 11/14/19

Contractor Personnel on Site:

1. T. WOLME

2. JIM GUTTERMAN

Work Performed:

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

CSE # 15746 WO 3386

Asset #	Qty	Asset Description
		<i>Inspected 2ea BALDOR CEN PUMPS</i>
		<i>ReBuilt 2ea PUMPS</i>
		<i>Alarms, check operation</i>
		<i>checked buildings for heat and good</i>

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: T. WOLME Date: 11/14/19
Signed: Jim

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 BENNETT/AFZ Date: 11-14-19
Signed: R. Bennett

E-Mail: _____



