

CERTIFICATION OF WORK

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

FACID/Building: NY058 MAEN Date of Visit: 10/16

Contractor Personnel on Site:

1. DENNIS GONMAN 2. _____

Work Performed: CSS 20432 WO 5069

WO # 2-5069

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

Service Orders

Asset #	Qty	Asset Description
		REPAIRING HOST/BACK
		ICE MAKER
		MODEL KM 515 MAH
		S/N# EDR 3941
		REPAIRED
		FILTERS
		THERMOSTAT

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: JOHN GONMAN Date: 10/16/19

Signed: _____

To be signed by Facility Manager:

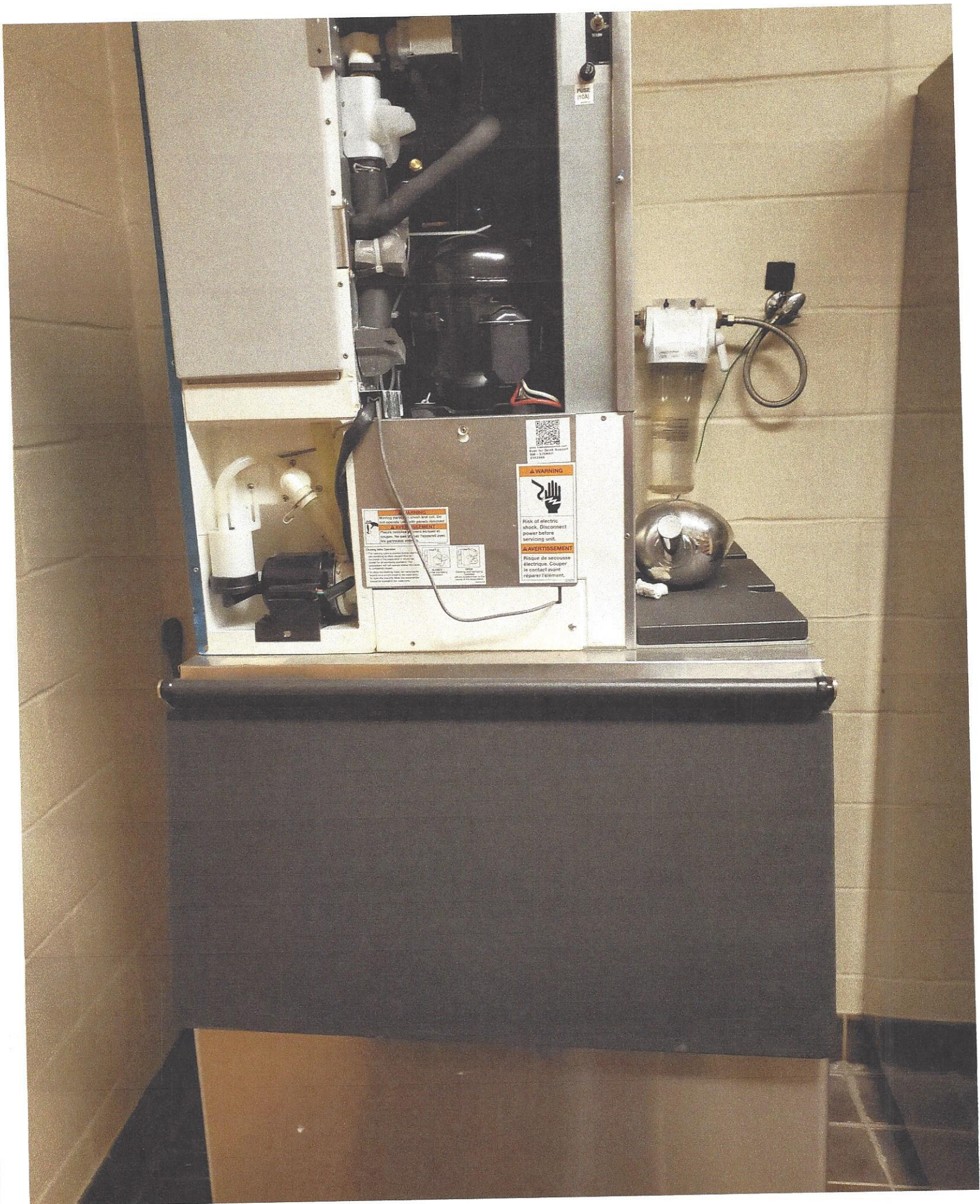
I certify that the above named individuals representing the Contractor arrived on site and to the best of my knowledge, completed the stated work listed:

Print Name/Rank: Robert Bennett

Signed: [Signature]

Date: 10/16

E-Mail: _____





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⚠ WARNING

