

CERTIFICATION OF WORK

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

FACID/Building: N4058 MASON Date of Visit: 10/16

Contractor Personnel on Site:

1. DENNIS GORMAN 2. _____

Work Performed: CSS 20432 WO 5069 WO # 2-5054

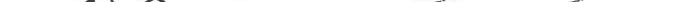
Preventive Maintenance -(Annual, Quarterly, Monthly, equipment identification, etc.)

Service Orders

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: John George Date: 10/16/18

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 Date: 10/16
Signed: Robert Bennett
E-Mail: _____





www.hoshizakiamerica.com
Scan for Quick Support
KM - 515MAH
E08394A

⚠ WARNING

