

CERTIFICATION OF WORK

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

FACID/Building: NY-058#2 Date of Visit: 10/28/19

Contractor Personnel on Site: OMS

1. ISG 2. _____

Work Performed:

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

| Asset # | Qty | Asset Description |
|-------------------|-----|---|
| <u>CSS# 21458</u> | | <u>WO # 2-21458</u> |
| | | <u>TAGGED ONE LIGHT FIXTURE IN OFFICE</u> |
| | | <u>MAIN GARAGE AREA 15 OVERHEAD</u> |
| | | <u>FIXTURES NEEDED LIFT TO</u> |
| | | <u>REPLACE OLD BLUBS WITH NEW</u> |
| | | <u>ONES. ALSO OUTSIDE MEP</u> |
| | | <u>LIGHTS NEEDS LIFT AND</u> |
| | | <u>DIAGNOSTIC, ALONG WITH</u> |
| | | <u>ANATOMICAL CLOCK.</u> |
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CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: MIKE WOLFE Date: 10/28/19

Signed: Michael Wolfe

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: Kenneth Gonzalez Date: 10/28/19

Signed: 

E-Mail: KennethGonzalezOrtiz.ri.@ma'il, ri. |





