

## CERTIFICATION OF WORK

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

FACID/Building: NY0058 Date of Visit: 12/13/2019

Contractor Personnel on Site:

1. Michael Sarro 2. \_\_\_\_\_

**Work Performed:** Replacement of Power Pack for Occupancy Sensors Room 219.

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

1. WO# 2-6027 \_\_\_\_\_

**Service Calls** – Service Call Number and Description

1. CSS# 22135 \_\_\_\_\_  
2. CSS# \_\_\_\_\_  
3. CSS# \_\_\_\_\_

Pictures are required (Before and After)

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## CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Michael Sarro Date: 12/13/2019

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: Ryan Linn/RFOS Date: \_\_\_\_\_

Signed: LINN.RYAN.G.1037390832 Digitally signed by LINN.RYAN.G.1037390832  
Date: 2019.12.16 13:54:21 -05'00'

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



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