

### CERTIFICATION OF WORK

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

FACID/Building: NY058 Date of Visit: 11-22-19

Contractor Personnel on Site:

1. Deen Rowe 2.

#### Work Performed:

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

Asset #	Qty	Asset Description
		Repair BLDG 104 condenser fan motor that is not working. Identified during PM
		Replaced capacitor

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To be signed by the Contractor:

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

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: \_\_\_\_\_

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