

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

FACID/Building: NY058 MAIN Date of Visit: 3/13/20

Contractor Personnel on Site:

1. J. WOHARA 2. WALTER SMITH

Work Performed:

Preventive Maintenance -(Annual, Quarterly, Monthly, equipment identification, etc.)
Service Orders - CSG 24049 WOB 7342

Asset #	Qty	Asset Description
		NY058 MAIN BLDG
		10 Remove 30 GAL OF DOWT
		GLYCOL
		CLEAN REGION
		CLEAN PUMP & FILTER
		REPLACE 30 GAL OF GLYCOL
		PUMP

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: J. WOHARA Date: 3/13/20
Signed: [Signature]

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 Barnett AFOS Date: 3/17/2020

Signed: 

E-Mail: _____





