

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. John Warka

2. WALTER SMITH

Work Performed:

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

Asset #	Qty	Asset Description
		<u>NY058 MAIN BLDG</u>
		<u>IP Remove 30 gal of DOWT</u>
		<u>Glycol</u>
		<u>Clean Resistor</u>
		<u>Clean pump & filter</u>
		<u>Replace 20 gal of Glico</u>
		<u>Pump</u>

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: John Warka 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 Bennett AFOS Date: 3/17/2020

Signed: 

E-Mail: _____





