

CERTIFICATION OF WORK

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

FACID/Building: NY58 MAIN

Date of Visit: 8/28/20

Contractor Personnel on Site:

1. PIPER

2. _____

Work Performed:

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

CSS # 25967

WO 8728

Asset #	Qty	Asset Description
		A/C NOT WORKING IN PART
		OF THE BRIDGES
		RE SET SET POINTS
		ADJUSTED THEM SEVERALS
		UNTIL
		SPEND ENTIRE VESPER HOUR
		SIGHTING & ADJUSTING

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: TOM WORTNER

Signed: [Signature]

Date: 8/29/20

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

Date: 29 Aug 2020

Signed: 

E-Mail: _____







