

CERTIFICATION OF WORK
(To be completed by the Contractor and saved in the Contractor's CMMS)
Building: NY58 01MC

Date of Visit: 12/14/20

1. Bob Graham

2.

Work Performed: *Replacer GLYCOL IN ONLY REPS*

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

Service Orders -

[illegible]

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: JOHN W. HALL

Signed: [Signature] Date: 12/14/20

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: _____ Date: _____

Signed: **LINN.RYAN.G.103** Digitally signed by
7390832 LINN.RYAN.G.1037390832
Date: 2020.12.15 17:34:29 -05'00'

E-Mail: _____



