

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

FACID/Building: NYST 045

Date of Visit: 11/28/2011

Contractor Personnel on Site:

1. Bob Graham

2. Her condition

Work Performed: Repaired

Preventive Maintenance - (Annual, Quarterly, Monthly, equipment identification, etc.)
Service Orders - *CS 222222* *40-10-1*

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: John Adams

Date: 1/21/20

Signed:  Date: 1/22/20

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:

LINN.RYAN.G.1
Signed: **037390832**

Digitally signed by LINN.RYAN.G.1037390832
Date: 2021.01.29 12:37:05
-05'00'

E-Mail:



