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

FACID/Building: NY58 MAIN BLDG Date of Visit: 2/4/21

Contractor Personnel on Site:

1. BOB GRAHAM 2. JOHN MOHAN

Work Performed: REPLACE 35 GAL GLYCOL

Preventive Maintenance -(Annual, Quarterly, Monthly, equipment identification, etc.)
Service Orders - CSS 28951 WO 11402

Asset #	Qty	Asset Description
		REPLACE GLYCOL 35 GAL
		IN TANK LOCATED ON 2ND FLOOR
		MACHINE ROOM MAIN BUILDING
		CLEAN FILTER
		DISPOSE OF OLD MATERIAL

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: JOHN MOHAN

Signed: [signature] Date: 2/4/21

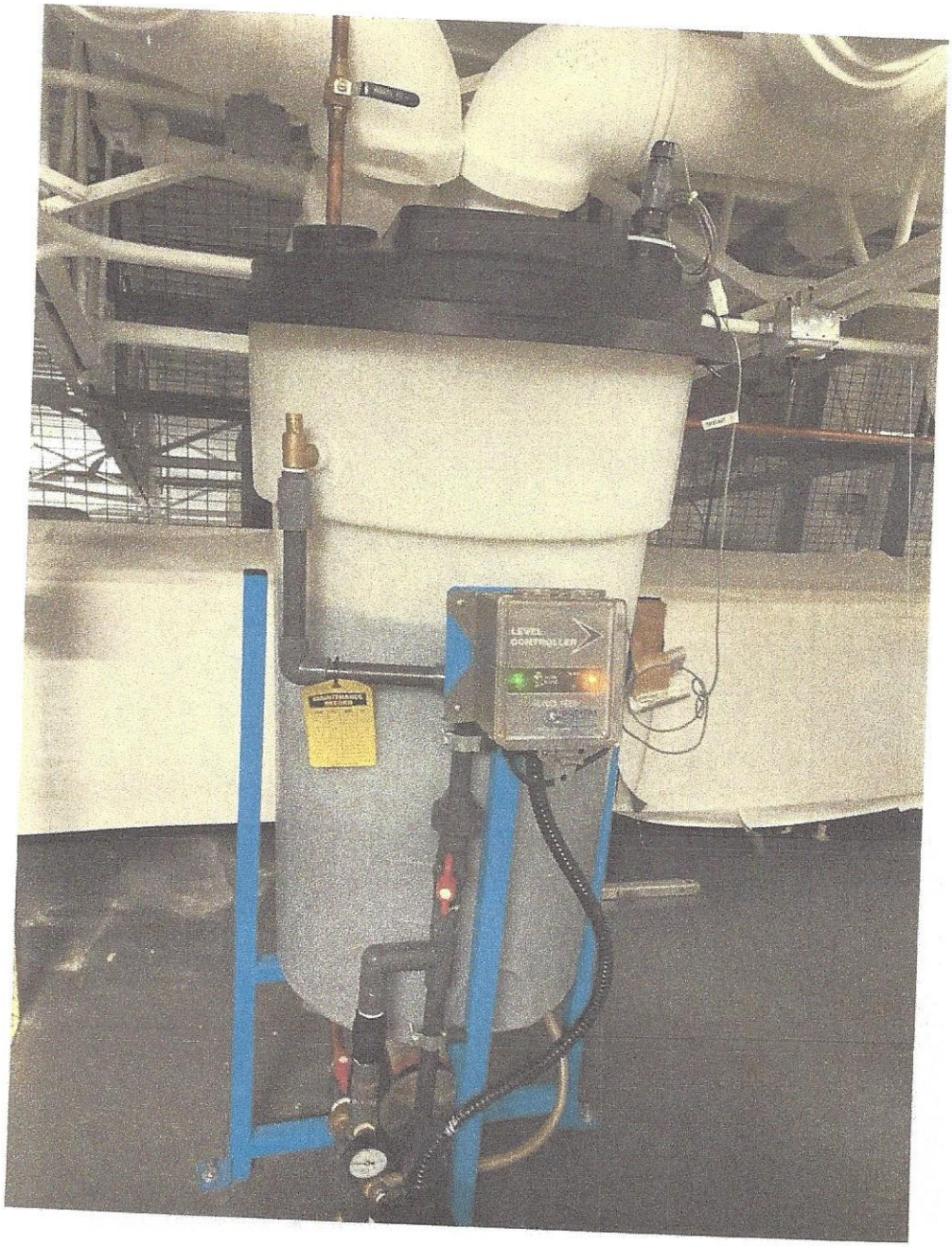
To be signed by Facility Manager:

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: _____

Signed: LINN.RYAN.G.1037390832 Digitally signed by LINN.RYAN.G.1037390832 Date: 2021.02.04 17:37:33 -05'00' Date: 2-4-21

E-Mail: _____


LEVEL
CONTROLLER