

# CERTIFICATION OF WORK

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

FACID/Building: NY58 MAIN

Date of Visit: 2/17/12

Contractor Personnel on Site:

1. BOB GRAHAM

2. JACK WOLFE

Work Performed: REPAIR 2ND FLOOR HOT WATER HEATER

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

Service Orders - CSS2881 WD 1906

Asset #	Qty	Asset Description
		<u>DRAIN HEATER</u>
		<u>PIPELINE COOPIL PIPE + FITTING</u>
		<u>REFILL TANK</u>
		<u>✓ FOR LEAKS</u>
		<u>NEW WATER INSULATION</u>

## CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: JACK WOLFE

Date: 2/17/12

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: \_\_\_\_\_

Signed: \_\_\_\_\_

**LINN.RYAN.G.10**

Digitally signed by  
LINN.RYAN.G.1037390832

Date: \_\_\_\_\_

**37390832**

Date: 2021.02.18 11:37:19 -05'00'

E-Mail: \_\_\_\_\_

