

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

FACID/Building: NY 58 MAIN RD Date of Visit: 3/2/21

Contractor Personnel on Site:

1. BOB GRAHAM 2. PAUL GRAHAM

Work Performed: MAFV BLOS BILCO #2 REPAIR

Preventive Maintenance -(Annual, Quarterly, Monthly, equipment identification, etc.)
Service Orders - CSS 29088 WO 1746

Asset #	Qty	Asset Description
		<u>THURLE SHOT</u>
		<u>REPAIR DEFECTIVE SPARK MODULE</u>
		<u>+ ELECTRODE</u>
		<u>REPAIR DEFECTIVE MODULE</u>
		<u>PAUL WORKING</u>

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: TOMMY WOLFE

Signed: [Signature]

Date: 3/2/21

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.1

037390832

Digitally signed by

LINN.RYAN.G.1037390832

Date: 2021.03.02 12:10:09

-05'00'

Date: _____

E-Mail: _____

