

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

FacID/Building: 145 HAMMEL BLDG Date of Visit: 11/11/12  
 Location Address: Champlain Vt 05446

Contractor Personnel on Site:  
TALKY, BOB

Work Performed: REVERSE & REPAIRS FOR PLUMBING FIXTURES  
 Service Call #: POCSSS  
655-9078 6015762

Please take pictures and send with quote

**CERTIFICATION OF WORK**

To be signed by the Contractor:  
 Print Name: BOB TALKY Date: 11/11/12  
 Signed: BOB TALKY

To be signed by Facility Manager:  
 I certify that the above named individuals representing the Contractor arrived on site.

Print Name/Rank: Leanne Cusack BOB Date: November 17, 2012  
 Signed: Leanne Cusack  
 Email: Leanne.Cusack@vtdirect.vt.gov

