

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

FACID/Building: NY058 Date of Visit: 9/2

Contractor Personnel on Site:

Date of Visit: 9/2

Contractor Personnel on Site:

1. Twinkie

2. Mike Boney

Work Performed:

PM

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

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: John Wayne Date: 9/14
Signed: John Wayne

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: Robert Bennett Date: 9/25/16
Signed: Robert Bennett
E-Mail: _____