

CERTIFICATION OF WORK

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

FACID/Building: NY058-02,03,08,104, Date of Visit: 7/13

Location Address: WO #9189,9190,9190,9153,9154,9155,9194

Contractor Personnel on Site:

Deen Rowe

Work Performed: g Monthly PM Overhead doors key pad, single gate, motor vehicle lights

Service Calls – PO/CSS#

Please take pictures and send with quote

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Deen Rowe Date: 7/13/2020

Signed: Deen Rowe

To be signed by Facility Manager:

I certify that the above named individuals representing the Contractor arrived on site.

Print Name/Rank: _____ Date: _____

Signed: _____

Email: _____