

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

FACID/Building: NY0058 Date of Visit: 8/9/19

Contractor Personnel on Site:

1. Michael Sarro 2. _____

Work Performed: Investigated no power issue with the water shed.

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

1. WO# Unknown

Service Calls – Service Call Number and Description

1. CSS# 19827
2. CSS# _____
3. CSS# _____

Pictures are required (Before and After)

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Michael Sarro Date: 8/9/19

Signed: _____

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: Ryan Linn Date: 8/14/19

Signed: Ryan Linn

E-Mail: _____





