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

FACID/Building: NY116 Date of Visit: 12-04-19

Contractor Personnel on Site:

1. RICK POSTULKA
2.
3.
4.
5.
6.

Work Performed:

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

1.
2.
3.
4.

Inspection, Testing, and Certification

1.
2.
3.
4.

Other Recurring Services

1.
2.
3.
4.

Service Calls – Service Call Number and Description

1. WO # 4714 - SOFFITS AT ENTRYWAY TO
2. TRAINING BLDG NEED R/R
3.

Over and Above Repair Work - Order Number and Description of Work Completed

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: STEVE MILLER Date: 12-4-19

Signed: Steven Miller

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: _____ Date: _____

Signed: _____

E-Mail: _____