CERTIFICATION OF WORK

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

FACID/Building: PA011 Date of Visit: _____

Contractor Personnel on Site:

1. _____ 2. _____

Work Performed: Replaced the leaking flush lever with a new one on the ADA toilet in mansroom. Took pictures of a crack on the same toilet

Preventive Maintenance - Services Completed (Annual, Quarterly, Monthly, equipment identification, etc.) need to replace the toilet

1. WO# 7517

Service Calls – Service Call Number and Description

1. CSS# 16878
2. CSS# _____
3. CSS# _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Bojan Martinovich Date: 2-12-19

Signed: Bojan Martinovich

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: TIMOTHY S PETERS Date: 12 FEB 19

Signed: _____

E-Mail: _____