

CERTIFICATION OF WORK

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

FACID/Building: C23 Date of Visit: 9/2/17

Contractor Personnel on Site: Elite Comfort Group

1. CS Fordham 2. Terry Goffney

Work Performed:

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

1. WO# -

Service Calls - Service Call Number and Description

1. CSS# 01025 - flow switch
2. CSS# -
3. CSS# -

Drilled - Replaced flow switch

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Richard Dumaresq Date: -

Signed: Richard Dumaresq

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: Louise Corne Alcos Date: 9/3/17

Signed: Louise Corne

E-Mail: louisecorne.ctr@real.net