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

FACID/Building:_____ Date of Visit: 1-25-19

Contractor Personnel on Site:

1. Travis Watson 2. Joshua Dean
Highlands Glass Co.

Work Performed:

Preventive Maintenance - (Annual, Quarterly, Monthly, equipment identification, etc.)
Service Orders -

PM/SO	WO #	Asset #	PM #	Asset Description

CSS#17364

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name:_____ Date: 1-25-19

Signed:_____

To be signed by Facility Manager:

I certify that the above-named individuals representing the Contractor arrived on site and to the