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

FACID/Building: NY-128 Date of Visit: 9-15-19

Contractor Personnel on Site:

1. KEVIN
2. _____
3. _____
4. _____
5. _____
6. _____

Work Performed: WO # 4706

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. INSTALLED NEW SLOAN DIAPHRAGM
2. T VACUUM BRKR - AUGERED OUT
3. TOILET

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: 9-15-19

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: _____