

CERTIFICATION OF WORK

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

FACID/Building: Cross Lanes WV 006

Date of Visit: 2-5-19 / 2-15-19

Contractor Personnel on Site:

1. Eric Swedgrass

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Work Performed: Repair Leaking Shower / Repair Sink Drain - Make Masonic Locker Room

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

Service Orders - CSS# 16967

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Eric Worobasik

Date:

2-5-19
2-15-19

Signed:

igned by the Contractor:
ame: Eric Swodgrass
Eric Swodgrass

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: Rifchie, Eric B. Date: 20190215

Signed: S. Brubé

Signed: eric.b.ritchie.ctr@mail.msu.edu
E-Mail: eric.b.ritchie.ctr@mail.msu.edu





