

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

FACID/Building: W1029

Date of Visit: 11 JUL 19

Contractor Personnel on Site:

1. GEORGE E. GRANT

2. _____

Work Performed:

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

1. WO# _____

Service Calls - Service Call Number and Description

1. CSS# 15991

2. CSS# _____

3. CSS# _____

 Pictures are required (Before and After)

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: GEORGE E. GRANT

Date: 11 JUL 19

Signed: Geo. E. Grant

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: Drew McMullen SPC

Date: 11 July

Signed: [Signature]

E-Mail: _____





BOILER
#2



WEIL-McLAIN

