

Over and Above Repair Work – Order Number and Description of Work Completed

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: RAMON VILLANUEVA Date: 1/6/2020
Signed: R. Villanueva

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: Vincent J. Giordano Date: 1/6/2020
Signed: Sean J. Gleeson
E-Mail:

CERTIFICATION OF WORK

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

FACID/Building: NY024 Date of Visit: 1/12/2020

Contractor Personnel on Site: ASPERG A - W. O A

1. _____
2. SERVICE CALL
3. CSS TICKET #22808
4. _____

Work Performed: BLDG 208 & 356

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

REPLACE TOILET SEAT

1. JOB IS DONE
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. _____
2. _____
3. _____