

CERTIFICATION OF WORK

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

FACID/Building: PA087-01 Date of Visit: 2-7-18

Contractor Personnel on Site:

1. FRANCIS SAPIENZA 2. _____

Work Performed:

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

1. WO# 2354, 2357, 2433 - Does not exist

Service Calls – Service Call Number and Description

1. CSS# _____
2. CSS# _____
3. CSS# _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: FRANCIS SAPIENZA Date: 2-7-18

Signed: Frank Sapienza

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: WOLFF, JAMES T. CS9 Date: 8-5-2015

Signed: James Wolff

E-Mail: james.t.wolff.cwu@mail.us