

PA05110

CERTIFICATION OF WORK

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

FACID/Building: 471 Tower Date of Visit: 2/21/18

Contractor Personnel on Site:

1. Jim Melhenny 2. _____

Work Performed:

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

1. WO# 2452 Asset 7253

Service Calls - Service Call Number and Description

1. CSS# TESTED 2" ABS/10 RP - Passed
2. CSS# _____
3. CSS# _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jim Melhenny Date: 2/21/18

Signed: Jim Melhenny

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: Al Mavroki Date: 2/21/18

Signed: Al Mavroki

E-Mail: _____

