

CERTIFICATION OF WORK

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

FACID/Building: NY0050 Date of Visit: 11/6/19

Contractor Personnel on Site:

1. Michael Sarro 2.

Work Performed:

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

1. WO# 6007 Adjustment of the safety sensors and the limit switches.

Service Calls – Service Call Number and Description

1. CSS# 21161
2. CSS#
3. CSS#

 Pictures are required (Before and After)

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Michael Sarro Date: 11/6/19

Signed: 

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: Patrick T. Scanlon Date: 11/06/2019

Signed: 

E-Mail: Patrick.T.Scanlon@CTR@mail.mil