

**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

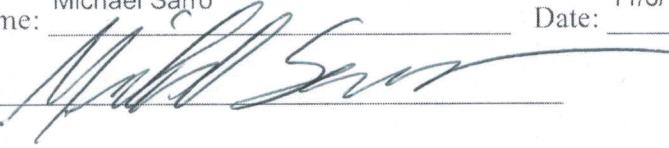
1. CSS# 21161  
2. CSS# \_\_\_\_\_  
3. CSS# \_\_\_\_\_

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