

CERTIFICATION OF WORK

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

FACID/Building: NY0051 0116 Date of Visit: 12/4/2019

Contractor Personnel on Site:

1. Michael Sarro 2. \_\_\_\_\_

Work Performed: Remove wall occupancy sensors and install ceiling mounted with on

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

1. WO# 6606

Service Calls - Service Call Number and Description

1. CSS# 19964  
2. CSS# \_\_\_\_\_  
3. CSS# \_\_\_\_\_

Pictures are required (Before and After)

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Michael Sarro Date: 12/4/2019

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: 12/05/2019

Signed: 

E-Mail: Patrick, t. Scanlon, Ctr @mail.mil