



**SKINCRAFT**  
MONTHLY *SKINCRAFT*  
4 MONTH PLANNED



**CERTIFICATION OF WORK**  
(To be completed by the Contractor and saved in the Contractor's CMMS)

FACID/Building: NY023 Bldg 118 Date of Visit: 21 Aug 2019

Contractor Personnel on Site:

1. J. WOHNE 2. \_\_\_\_\_

**Work Performed:**

**Preventive Maintenance** - (Annual, Quarterly, Monthly, equipment identification, etc.)  
**Service Orders -**

Asset #	Qty	Asset Description
	1	Bldg 118 1st Floor Office
		Heating Unit Not Working
		Split AC/Heat Unit
		BAP Broken
		Dirty Filter
		Thermostat Reprogrammed
		Call # 19469
		Mo # 4710

**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: J. WOHNE

Signed: \_\_\_\_\_

Date: 8/21/19

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: GROUPS CORPO Date: \_\_\_\_\_

Signed: 

E-Mail: LOUIS-A-CORPO-CTR@MAIL.MIL