

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

FACID/Building: NY023 Date of Visit: 6/28/2019

Contractor Personnel on Site: Elite Comfort Group

1. C.J 2. Travis

Work Performed: Replace Light 1x4

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

1. WO# _____

Service Calls – Service Call Number and Description

1. CSS# 15974
2. CSS# _____
3. CSS# _____

Pictures are required (Before and After)

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Richard Dumaresq Date: 6/28/2019

Signed: Richard Dumaresq

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: Louis A. Corbo Date: 6/28/2019

Signed: Louis A. Corbo

E-Mail: Louis.A.Corbo.ctr@mail.mil