

CERTIFICATION OF WORK

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

FACID/Building: NY023

Date of Visit: 2/27/19

Contractor Personnel on Site: Elite Comfort Group

1. TRANS 2. LOB

Work Performed:

Wire Switch for Safan + Activation
Preventive Maintenance - Services Completed (Annual, Quarterly, Monthly, equipment identification, etc.)

1. WO# 1670

Service Calls – Service Call Number and Description

1. CSS# 16777
2. CSS# _____
3. CSS# _____

See Attached Photos.

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Richard Dumaresq Date: 2/27/19

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: 2/27/19

Signed: [Signature]

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



Ex Fan Switch

