CERTIFICATION OF WORK

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

FACID/Building: NY0023 Date of Visit: 12/3/2019

Contractor Personnel on Site:

1. Michael Sarro 2. _____

Work Performed: Repairs to circuit breaker #9 panel 1014 powering lights in 128.

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

1. WO# 2-5474

Service Calls – Service Call Number and Description

1. CSS# 22720
2. CSS# _____
3. CSS# _____

_Pictures are required (Before and After)

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Michael Sarro Date: 12/3/2019

Signed: _____

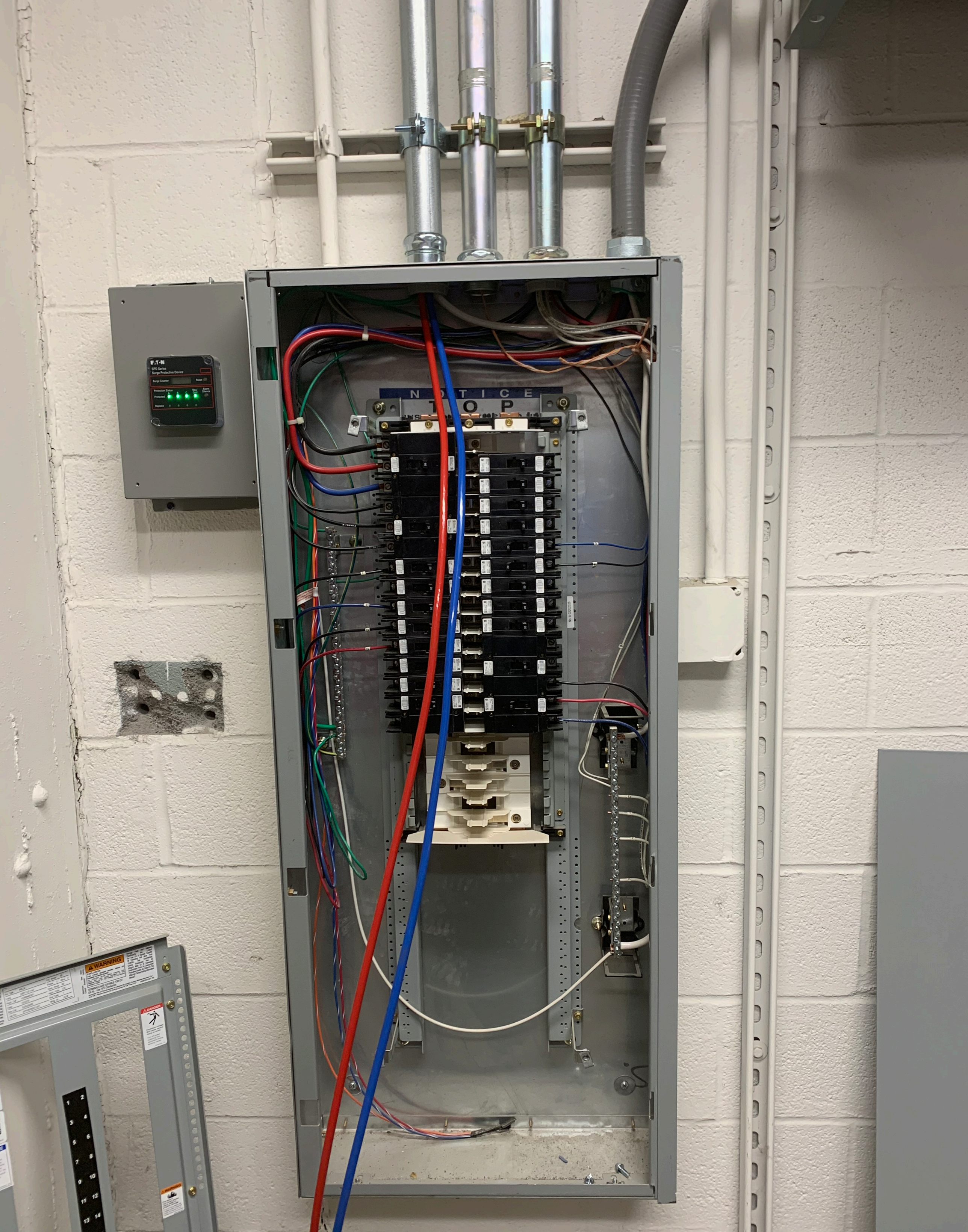
To be signed by Facility Manager:

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: Louis Corbo AFOS Date: 12-9-19

Signed: _____

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