

# CERTIFICATION OF WORK

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

FACID/Building: N1023 B206

Date of Visit: 8/13 - 8/14

Contractor Personnel on Site:

1. PENNY TATE

2. \_\_\_\_\_

Work Performed:

NO # 2-9759

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

Asset #	Qty	Asset Description
	①	REPLACE Hinges on
		2nd PARTITION
		LT FLOOR WOMEN
		LATRINE
		BUDG 206

## CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: John W. W. W.

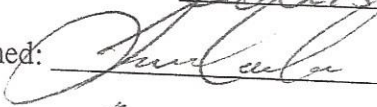
Date: 8/20/20

Signed: [Signature]

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 Date: \_\_\_\_\_

Signed: 

E-Mail: LOUIS-A-CORBO-CTR@MA.I.M.I



