

CERTIFICATION OF WORK

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

FACID/Building: NY 023 Date of Visit: _____

Contractor Personnel on Site:

1. _____ 2. _____

Work Performed:

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

1. WO# _____

Service Calls – Service Call Number and Description

1. CSS# 20002
2. CSS# 20966
3. CSS# _____

 Pictures are required (Before and After)

CERTIFICATION OF WORK

To be signed by the Contractor:

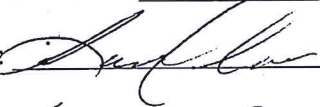
Print Name: _____ Date: 10/9 & 10/15

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: 10-22-19

Signed: 

E-Mail: Louis.A.CORBO.CTR@MAIL.MIL



