

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

FACID/Building: NY003 RBS 200

Date of Visit: 10/27/19

Contractor Personnel on Site:

1. J. Wolk

2. E. Booth

Work Performed:

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

CSS 20429 WO#2-5065

Asset #	Qty	Asset Description
		Paint Prep Rooms
		2109A 2109B 2109C 2109E
		Doors & Trim
		& walls repaired

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: John Wolk

Date: 10/28/19

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: 10/24/11

Signed: [Signature]

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









