

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

FACID/Building: NY023 BLDG 204 Date of Visit: 10/28/19

Contractor Personnel on Site:

1. T. WOLFE 2. PHIL TILLMAN

**Work Performed:**

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

Asset #	Qty	Asset Description
		REPLACES PRIMARY CONDENSER
		ON 12.5 TON UNIT
		PERFORM PM
		REPAIR 3 RELAYS

**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: T. WOLFE 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: 10/22/19

Signed: [Signature]

E-Mail: LOUIS.A.CORBO-CTR@mail.mil



