

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

FACID/Building: NY023 Date of Visit: 8/2/2019

Contractor Personnel on Site: Elite Comfort Group

1. CJ 2. Travis

Work Performed: Bldg 200 No Cooling - Chiller not operational

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

1. WO# _____

Service Calls – Service Call Number and Description

1. CSS# 20568
2. CSS# _____
3. CSS# _____

CERTIFICATION OF WORK

To be signed by the Contractor:

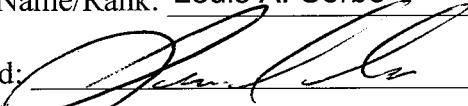
Print Name: Richard Dumaresq Date: 8/2/2019

Signed: Richard Dumaresq

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 A. Corbo Date: 8/2/2019

Signed: 

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