

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

FACID/Building: N4063 Bldg 200

Date of Visit: 10/21/2019

Contractor Personnel on Site:

1. Twiss, James

2. CLINE, COLE, JAMES

Work Performed: CSS # 20795 WO# 5108

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

Asset #	Qty	Asset Description
		REPLACED STAINLESS
		EXPANSION JOINT
		ROOM 2002.6
		CEATERS DOWN TO 1ST FLOOR
		REPLACED CERAMIC TILES

**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: JOHN TWISS

Date: 10/21/19

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 AFVS Date: 10-28-19

Signed: 

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



