

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

FACID/Building: NYAS Bldg 200 Date of Visit: 10/15/19

Contractor Personnel on Site:

1. Swaine 2. JOHN WAPHAN
STANIMETH

Work Performed: CSS # 21307 WO # 5617

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

Asset #	Qty	Asset Description
		Repair 1" Cooper Water
		cone 1st floor cage area
		Vic Room 128

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Swaine Date: 10/15/19

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: 10/15/15

Signed: [Signature]

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

