

CERTIFICATION OF WORK

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

FACID/Building: M1023 Bldg 206 Date of Visit: 11/7/19

Contractor Personnel on Site:

1. DERREK TASHKE 2. JOHN W. HINE

Work Performed:

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

CSS 21309 WO 5620

Asset #	Qty	Asset Description
		REPAIR WALLS IN BLDG 206
		Basement supply area
		REPAIR & REPLACE ROOF
		INSULATION

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: JOHN W. HINE Date: 11/7/19

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 AFOS Date: 11/7/19

Signed: 

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







