

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

FACID/Building: NY023 Bldg 206 Date of Visit: 10/2/19

Contractor Personnel on Site:

1. J. WARMIE 2. P. TASLER

Work Performed: CSS # 21309

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

Asset #	Qty	Asset Description
		Bldg 206 Basement
		Re pack pipe
		Sealage wall
		Apply Dm Loure
		UNIT MUST CLEAN AREA

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: J. WARMIE

Date: 10/2/19

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:

Louise Corbo

Date:

10/2

Signed:

[Signature]

E-Mail:

Louise-A-Corbo@CTR@mail.mil









