

CERTIFICATION OF WORK

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

FACID/Building: NY023 Bldg 200 Date of Visit: 9/23

Contractor Personnel on Site:

1. J. W. W. W. W. W. 2. _____

Work Performed:

ESS # 2182

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

Asset #	Qty	Asset Description
		APPLIES WATER PROOFING
		ON DRAIN AREA & ROOF
		HOLES IN ROOM 3009B
		REPLACES TILE
		ROOF MEMO REPLACEMENT

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: J. W. W. W. W. Date: 9/23/18

Signed: _____

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: 9/23/15

Signed: [Signature]

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



