

CERTIFICATION OF WORK

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

FACID/Building: NY0023 Date of Visit: 10/11/2019

Contractor Personnel on Site:

1. Michael Sarro 2. _____

Work Performed: Remove and Replace lighting fixture at vault room Bld. 200.

Preventive Maintenance - Services Completed (Annual, Quarterly, Monthly, equipment identification, etc.)

1. WO# _____

Service Calls – Service Call Number and Description

1. CSS# 21561
2. CSS# _____
3. CSS# _____

Pictures are required (Before and After)

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Michael Sarro Date: 10/11/2019

Signed: Michael Sarro

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: 10/21/19

Signed: Dan Corbo

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



