

CERTIFICATION OF WORK

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

FACID/Building: 123 Date of Visit: 10/23/19

Contractor Personnel on Site: 1. Ari, Dori 2. XGuli, Fredi

Work Performed: Roof Drain.

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

Asset #	Qty	Asset Description
<u>—</u>	<u>1</u>	<u>Fix Drainage on roof Build. 123.</u>
		<u>Replace pipe under roof at repair shop.</u>

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To be signed by the Contractor:

PrintName: Arian Kodra Signed: Arian Kodra Date: 10/23/19

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:

PrintName/Rank: Louis Corbo AFOS Date: 10/23/19

Signed: [Signature] E-Mail: Louis.A.CORBO@ctr@mail.mil

