

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

FACID/Building: NY013 ALP 200

Date of Visit: 11/19

Contractor Personnel on Site:

1. FRED MAICAS

2. TOMMY WASMON TERNOTN

**Work Performed:**

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

CS# 22097 WO 6024

Asset #	Qty	Asset Description
		Repaired Relief Valve
		Repaired Relief Valve to
		Flood Drain
		Installed 2ea 23A DANFOSS
		20 HP OGM VDF Drives
		Programmed system
		Started HEATING SYSTEM
		& checked for operation

**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: TOMMY WASMON

Date: 10/19/19

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

Date:

11/18/19

Signed:

[Signature]

E-Mail:

LOUIS.A.CORBO.CTR@MAIL.MIL













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BYPASS ON



MAIN CREDIT SEARCH





