

CERTIFICATION OF WORK

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

FACID/Building: NY0023/Bld 200 Date of Visit: 11/9/2019

Contractor Personnel on Site:

1. Michael Sarro 2.

Work Performed: Relocation of Data port from the Gym to the Supply office.

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

1. WO# 2-6068

Service Calls - Service Call Number and Description

1. CSS# 22285
2. CSS#
3. CSS#

Pictures are required (Before and After)

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Michael Sarro Date: 11/9/2019

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 AFOS Date: 11/18/19

Signed: 

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